02334

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D.
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Owings Mills, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lyons Mill Rd.
STREET ADDRESS (If rural give location) Owings Mills, Md.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) ISARIEL (Last) ADAMS

4. DATE OF DEATH (Month) Mar (Day) 20 (Year) 1949

5. SEX Male

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH May 22, 1881

9. AGE last birthday 67 yrs. If under 1 year: Months 10, Days 29; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? W.S.A.

13. FATHER'S NAME Geo. J. Adams.

14. MOTHER'S MAIDEN NAME Lucy G. Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Carrie L. Adams (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 5-10 min.

420.1
94a

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None. (CITY OR TOWN) None. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from Mar 20, 1949, to Mar 20, 1949, that I last saw the deceased alive on not seen alive, 19....., and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE D. D. Caples, M.D. (Degree or title) Med. Exam. ADDRESS Reisterstown, Md. DATE SIGNED 3-20-'49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/22/49 NAME OF CEMETERY OR CREMATORY Asbury LOCATION (City, town, or county) Reisterstown Md (State)

DATE REC'D BY LOCAL REG. 3/22/49 REGISTRAR'S SIGNATURE A. W. Hodgins JS

24. FUNERAL DIRECTOR Frank H. Hewell ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02335 42

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
LENGTH OF STAY (in this place) 24
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
STREET ADDRESS (If rural give location) 2824 Georgia Avenue

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) May (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) March -1- 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 9-22-1887
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Richards
14. MOTHER'S MAIDEN NAME Mary Ann Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Aca Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) cardio-vascular-renal disease	2 years
Antecedent cause(s)	(b) Rheumatic heart disease	35-40 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

416
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-25-, 1949, to Febr-28-, 1949, that I last saw the deceased alive on Febr-28-, 1949, and that death occurred at 5 45 a. m., from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt (Degree or title) M.D. ADDRESS 2708 Hollins Ferry Rd. B'more 30. DATE SIGNED 3/1/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/4/49 NAME OF CEMETERY OR CREMATORY National LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 3-2-49 REGISTRAR'S SIGNATURE W. W. Stedrich wh
24. FUNERAL DIRECTOR Wilhome Cook Inc ADDRESS 1217 Pkwy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

STATE OF MARYLAND—CERTIFICATE OF DEATH

02336

1. PLACE OF DEATH

County BALTO. Registration Dist. No. 38

Village or City ANNESLIE No. 709 MURDOCK RD. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME CATHERINE WENDT BAILEY

(a) Residence: No. 709 MURDOCK RD. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of GEORGE W. BAILEY

6. DATE OF BIRTH (month, day, and year) JUNE 23, 1862

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
86	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) DARLINGTON, MD.
(State or country) HARFORD CO., MD.

FATHER

13. NAME ADAM HETRICK
14. BIRTHPLACE (city or town) PENN.
(State or country)

MOTHER

15. MAIDEN NAME CATHERINE WENDT
16. BIRTHPLACE (city or town) PENN.
(State or country)

17. INFORMANT ELSIE ELIZABETH EDWARDS
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ROCK RUN CEM. Date MAR. 8, 1949

19. UNDERTAKER HENRY W. JENKINS & SONS CO.
(Address) 4905 YORK RD.

20. FILED 3/7/49 A. W. Hedrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 5 (Day), 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1948, to 5 Mch, 1949

I last saw her alive on 5 Mch, 1949; death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4 Mch 49
Arterio Sclerotic Cardio-Vascular Disease.	

Other Contributory Causes of Importance:
420.1
93d

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Rice M. D.

(Address) 6701 York Rd Balto 12 Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

02337

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
LENGTH OF STAY (in this place): 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
STREET ADDRESS (If rural, give location): St Paul Ave.

3. NAME OF DECEASED (Type or Print): (First) Carolyn (Middle) Elaine (Last) Battle

4. DATE OF DEATH: (Month) Mar. (Day) 3, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 28, 1948

9. AGE last birthday: ____ yrs. If under 1 year: Months 3, Days 3, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Balto. Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph N. Battle (MED)

14. MOTHER'S MAIDEN NAME: Gertrude Horsey (FATHER)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Gertrude H. Battle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-pneumonia — 24 hrs

491 Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1949, to 3/3, 1949, that I last saw the deceased alive on 3/3, 1949, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel — (Degree or title): M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 3/4/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar. 5, 1949 — NAME OF CEMETERY OR CREMATORY: Johnsville — LOCATION (City, town, or county) (State): Carroll Co.

DATE REC'D BY LOCAL REG.: 3-5-49 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J. F. Eline Sons — ADDRESS: Reisterstown, Md.

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02338

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Hanover Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring
STREET ADDRESS (If rural give location) Old Hanover Rd.

3. NAME OF DECEASED (Type or Print) (First) AMOS (Middle) W (Last) BELT.

4. DATE OF DEATH (Month) Mar (Day) 27 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Sept 9-1875
9. AGE last birthday 73 yrs. If under 1 year Months 6 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster
10b. KIND OF BUSINESS OR INDUSTRY Produce
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? W S A

13. FATHER'S NAME John Belt.
14. MOTHER'S MAIDEN NAME Miriam Osborn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Miss Elizabeth Belt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Skull Crushed + Body Instant

979 Antecedent cause(s) Cut In Half Left leg cut off.

164 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) + Left Fore arm Cut Off.

(c) Struck by Train

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) W. Md. Ry. Tracks. (CITY OR TOWN) Boring (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) Mar (Day) 27 (Year) '49 (Hour) 3 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Deceased remained on Tracks in front of an incoming train

22. I hereby certify that I attended the deceased from 3-27, 1949, to 3-27, 1949, that I last saw the deceased alive on not seen alive, 19....., and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE D. D. Caples, M.D. (Degree or title) Med Exam. ADDRESS Reisterstown, Md DATE SIGNED 3-27-'49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar 29/49
NAME OF CEMETERY OR CREMATORY Pleasant Grove
LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 3-27-49
REGISTRAR'S SIGNATURE Mary B. Eline.
24. FUNERAL DIRECTOR Edw C Tipton. ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02339

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex. Balto 21
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 905 Barron ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) Lee (Last) Betz.

4. DATE OF DEATH: (Month) Mar (Day) 30 (Year) 49

6. SEX: Fem.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar 24/42

9. AGE last birthday: 7 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earle G. Betz

14. MOTHER'S MAIDEN NAME: Mildred Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. 3 hrs.

351 Antecedent cause(s)

1952 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Palsy

(c) Birth injury.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Convulsions.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 3 - 30 - 49 7.45 a.m. p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7.15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. McCarmine M.D. Deputy Medical Ex. Baltimore Co. Dundalk 22 Md. 3/31/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 4 - 2 1949 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county): Balto Md | (State) Balto Md 49

DATE REC'D BY LOCAL REG. 4/1/49 | REGISTRAR'S SIGNATURE H.W. Hedges | 24. FUNERAL DIRECTOR: Albert L. Fitz Jr. | ADDRESS 1606 N Chester Street

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02340

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton | LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Manford (Last) Bishop

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: W | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): | 8. DATE OF BIRTH: 3-1-1880 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Morgan Co. Virginia | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Manford | 14. MOTHER'S MAIDEN NAME: Elizabeth Muller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Lee B. Bishop

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary insufficiency, gangrene Lt. leg. — 2 mos, 1 wk

450.1 Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. hemiplegia, cerebral thrombosis — 3 mos.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to March, 1949, that I last saw the deceased alive on Mar. 13, 1949, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Elizabeth B. Stovall, M.D. — Cockeysville, Md — 3-14-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

3-16-49 — St. James — Monkton, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Mar. 16 1949 — Wilmer C. Ensor — Landon M. Brooks — Sparks, Md.

RECEIVED
MAR 17 1949
BUREAU V. S.

02341

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH· COUNTY Baltimore (Catonsville) MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 18 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) unknown

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) D (Last) Black			4. DATE OF DEATH (Month) March (Day) 26 (Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 1, 1881	9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chambermaid	10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (State or foreign country) Maryland, U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Martin Arnold		14. MOTHER'S MAIDEN NAME Carie Hilgofort		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 93d

Immediate cause (a) Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right hemiphlegia — 4 mos ago

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11-35a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo S McKieffer Jr Co	Balto. County Dep. Med. Ex.	1010 Leeds Avenue	3/26/1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Mar 28/49	NAME OF CEMETERY OR CREMATORY Wesley cem.	LOCATION (City, town, or county) Carroll Co (State) Md
DATE REC'D BY LOCAL REG. 3/30/49	REGISTRAR'S SIGNATURE V E Harry	24. FUNERAL DIRECTOR Edw C Tipton, Hampstead	ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1949
BUREAU V. S.

Evidence for addition of #18 On;

02342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 120 APR 27 1949

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 99 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Admins. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 4904 Hazelwood Ave.

3. NAME OF DECEASED (Type or Print) (First) CLIFTON (Middle) BARNETT (Last) BOND

4. DATE OF DEATH (Month) March (Day) 4 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-8-87
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Clifton Bond
14. MOTHER'S MAIDEN NAME Cora McAfee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Clin.Records,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) RUPTURE OF ANEURYSM OF ASCENDING BRANCH OF LEFT COLIC ARTERY;HUGE HEMATOMA AND INTRAPERITONEAL HEMORRHAGE	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 yrs.
	(c) Chronic Nephritis, Hypertension, Carcinoma of the Signoid, Fracture of left Femur	3 mos.

450.0
46e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 11/25/48 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall (4/26/49-S.)

22. I hereby certify that I attended the deceased from Nov. 25, 1948, to March 4, 1949, that I last saw the deceased alive on 3-4, 1949, and that death occurred at 8:55 a.m., from the causes and on the date stated above.

SIGNATURE N B Davis MD (Degree or title) Dep Med. Exam. ADDRESS Dundalk 22 Md DATE SIGNED 3/4/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/7/49
NAME OF CEMETERY OR CREMATORY Balto. Natl. Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. March 5th 1949
REGISTRAR'S SIGNATURE R.W. Ali Hadrich
24. FUNERAL DIRECTOR ADDRESS BLIGHT FUNERAL HOME, 6009 Harford Rd.Balto.
Howard N. Blight Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Williams
2515 Taylor

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02343

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2605 Windsor Road	STREET ADDRESS (If rural, give location) 2605 Windsor Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	THOMAS	BOOKER	Mar. 18th 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	married	Sept. 24, 1894	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pension State	a	Queen Anne's Co, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Mars Booker	Matilda Meredith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Mary E. Booker, 2605 Windsor Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
331 Antecedent cause(s)	(b) Hypertension	—
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis, Generalized	—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar. 15, 1949 to Mar. 18, 1949 that I last saw the deceased alive on Mar. 18, 1949, and that death occurred at 1:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert C. Williams MD

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-22-49	Moreland Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/21/49	A. W. Hofferich	Leonard J. Ruck	5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02344

Reg. Dist. No. 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - 24
STREET ADDRESS (If rural give location): 241 N. Luzerne Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) D. (Last) BOYD

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-6-99

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Boyd

14. MOTHER'S MAIDEN NAME: Edith Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 219-10-3638

17. INFORMANT: Clinical Records, VAH, Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF KIDNEY, RIGHT WITH METASTASIS — 18 mos.

180 52a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) NONE

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11 1949, to March 13, 1949, that I last saw the deceased alive on March 13, 1949, and that death occurred at 3:01 A m., from the causes and on the date stated above.

SIGNATURE: J.L. Rittmeyer M.D. (Degree or title) — ADDRESS: VAH. Fort Howard, Maryland — DATE SIGNED: 3/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/16/49 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3/14/49 — REGISTRAR'S SIGNATURE: A. W. Sledrick MD

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight, 6009 Harford Rd. Balto, Md.

Howard H. Blight 6009 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02345

Reg. Diat. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Notch Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Notch Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Sister Mary Leocretia Boyle

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 2, 1871

8. AGE: Years	Months	Days	If less than one day
78	2	14	..... hrs. ..... min.

9. Birthplace: New York City N.Y. (Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER

12. Name: John Boyle

13. Birthplace: Ireland

MOTHER

14. Maiden name: Margaret Dougherty

15. Birthplace: Ireland

16. Informant: Sr. Mary Clara

Address: Notch Cliff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 18/49 (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: Glen Arm

18. Funeral director: Geo. M. Fenwick Son

Address: 811 N. Wolfe St.

19. 3/17/49 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 16 1949, at 9.45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12 1942, to March 16 1949 and that I last saw h.. alive on March 9 1949

Immediate cause of death	DURATION
Myocardial decompensation	5 months
Due to	
Due to 443	
Other conditions: Hypertension and arterial sclerosis 93d	2

(Include pregnancy within 3 months of death)

Major findings of operation ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Wm. L. Green S. M.D. M. D. or other

Address ..... Date signed .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

RECEIVED
APR 6 1949
BUREAU V. S.

02346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8703 Emge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corpornte limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) C. (Last) Breidenstein
4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/26/05
9. AGE last birthday 43 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME August A. Breidenstein
14. MOTHER'S MAIDEN NAME Ida E. Breyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-09-1492
17. INFORMANT Mrs. W.C. Breidenstein

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 weeks
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stnting tho underlying cause lnst	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to tbe disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1949, to Mar 12, 1949, that I last saw the deceased alive on Mar 12, 1949, and that death occurred at 3:45 A m., from the causes and on the date stated above.

SIGNATURE R. O. Sellman MD (Degree or title) ADDRESS 600 Baltimore Ave Towson Md MAR 12 1949 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/15/49
NAME OF CEMETERY OR CREMATORY Moreland Memorial Park
LOCATION (City, town, or county) Balto. Co. (State) Md

DATE REC'D BY LOCAL REG. 3/14/49
REGISTRAR'S SIGNATURE a. W. Hedrick wh
24. FUNERAL DIRECTOR Lassahn Funeral Home
ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Westchester Ave.

3. NAME OF DECEASED (Type or Print) (First) Earle (Middle) Augustus (Last) Brunsman

4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb.6,1889

9. AGE last birthday 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ellicott City Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Augustus F.Brunsman

14. MOTHER'S MAIDEN NAME Virginia Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W W I

16. SOCIAL SECURITY NO. 217-07-3303

17. INFORMANT Mrs. Clare Fells Brunsman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

94a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7-30 P m., from the causes and on the date stated above.

SIGNATURE Geo. L. M. Kieffer Jr. (Degree or title) Dep. Med. Exam Baltimore — ADDRESS 1010 Leeds Ave — DATE SIGNED 3-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 4-1-49 — NAME OF CEMETERY OR CREMATORY St. Johns — LOCATION (City, town, or county) Ellicott City (State) Md

DATE REC'D BY LOCAL REG. 3/31/49 — REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR F.C.Higinbothom — ADDRESS Ellicott City Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 1 1949
BUREAU V. S.

02348

MARYLAND STATE DEPARTMENT OF HEALTH

BC

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard — LENGTH OF STAY (in this place) 63 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural give location) 2005 Ridgehill Avenue

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) T.	(Last) CALLERY, JR.	4. DATE OF DEATH	(Month) March (Day) 28, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11-15-09	9. AGE last birthday 39 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John T. Callery		14. MOTHER'S MAIDEN NAME Catherine Kanning			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2	16. SOCIAL SECURITY No. 218-05-7872	17. INFORMANT Clin.Rec.Vets.Adm. Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Left cerebellar hemorrhage with rupture and hemorrhage around brain stem - cause unknown	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

331

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24-, 1949, to 3-28-, 1949, that I last saw the deceased alive on 3-28-, 1949, and that death occurred at 7:53 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D. Chief Pro. Services		VAH, Ft. Howard, Md.	3-28-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/30/49	New Cathedral Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/29/49	H.W. Hedrick	Howard Blight, 6009 Harford Rd., Balto., Md.	

Howard Blight Jr. 6009 Harford Rd. Balto-Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02349

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md. — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Silver Spring Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	H.	CANOLES	March	30th	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	widower	Dec. 19th, 1867	81 yrs.	3			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintainance		Baltimore County, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs. John Hefner Silver Spring Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Disease	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mch 30, 1949, to Mch 30, 1949, that I last saw the deceased alive on Mch 30, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE Ira E. Whitehill M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4/2/49	Monkton Methodist	Monkton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/1/49	D.W. Sedrick	Lassahn Funeral Home	7401 Belair Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02350

CERTIFICATE OF DEATH

Reg. Dist. No. ~~77~~ 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place) 2 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Home for Aged

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Allen (Middle) Bowie (Last) Carr

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-12-1865

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William L. Carr

14. MOTHER'S MAIDEN NAME: Elizabeth Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Frank Hobbs.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage, eroded artery, perineal	2-3 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, prostate, with perineal sinus	Unknown
	(c)	

177
51b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis; fracture left hip, non-union — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1949, to 3-17, 1949, that I last saw the deceased alive on 3-9, 1949, and that death occurred at 8 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Stephen Lee Magness M.D. Catonsville 28 Md 3-17-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-19-49 — NAME OF CEMETERY OR CREMATORY: Good Shepherd — LOCATION (City, town, or county) (State): N. Ellicott city, Md.

DATE REC'D BY LOCAL REG. 3-18-49 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR — ADDRESS: C. Harry West

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

02351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 24 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Fort Howard, Md.	STREET ADDRESS (If rural give location) 315 No. Gilmore St.

3. NAME OF DECEASED (Type or Print) (First) WARREN (Middle) (Last) CHAPMAN			4. DATE OF DEATH (Month) March (Day) 6 (Year) 1949			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10-28-24	9. AGE last birthday 24 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Demolition worker		10b. KIND OF BUSINESS OR INDUSTRY Edgewood Arsenal	11. BIRTHPLACE (State or foreign country) Balto., Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Chapman			14. MOTHER'S MAIDEN NAME Blanche Scarborough			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Clin.Rec.Vets.Adm.Hosp.,Ft.Howard,Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
204.0 Immediate cause	(a) Lymphoblastic leukemia, acute	App. 3 Mo. ~~Unknown~~
74a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1949, to Mar. 6, 1949, that I last saw the deceased alive on Mar. 6, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Ser.	VAH, F. Howard, Md.	3-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/11/49	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 3/10/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Charles R. Law, 802 Madison Ave., Balto., Md	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02352

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon | LENGTH OF STAY (in this place) 6 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
   STREET ADDRESS (If rural give location) 24 Butler Road

3. NAME OF DECEASED (Type or Print): (First) Marian (Middle) Josephine (Last) Chilcoat

4. DATE OF DEATH: (Month) March (Day) 18, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 10, 1863

9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Chilcoat

14. MOTHER'S MAIDEN NAME: Josephine Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. William K. Richards

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Myocarditis - Chronic decompensating	7 yrs
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-30 to 3-18, 1949, that I last saw the deceased alive on 3-17-1949, and that death occurred 1 Glyndon m., from the causes and on the date stated above.

SIGNATURE James L. Suffold M.D. (Degree or title) ADDRESS Reisterstown Md. DATE SIGNED 3-19-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Mar. 20, 1949 | NAME OF CEMETERY OR CREMATORY Quaker Meeting House | LOCATION (City, town, or county) Balto. Co. Md. (State)

DATE REC'D BY LOCAL REG. 3-19-49 | REGISTRAR'S SIGNATURE Mary B. E Line. | 24. FUNERAL DIRECTOR J. F. Eline & Sons | ADDRESS Reisterstown, Md.

VS. A15

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02353

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Ruxton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Yrs.

Hospital, institution, or street address where death occurred: Boyce & Bellona Avenues

How long in hospital or institution? ---------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Ruxton
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Boyce & Bellona Avenues
(If rural, give LOCATION)

2.(a) If veteran, name war: ---------

3. (a) FULL NAME: Genevieve Claypoole

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: ----------

6.(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): November 10, 1879

8. AGE:

Years	Months	Days	If less than one day
69	3	26	-- hrs. --- min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: ---------

FATHER
12. Name: James Y. Claypoole
13. Birthplace: Kent County, Md.

MOTHER
14. Maiden name: Mary H. Green
15. Birthplace: Baltimore, Md.

16. Informant: Mrs. J. W. Loane
Address: Boyce & Bellona Avenues

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/9/49 (month) (day) (year)

Cemetery or crematory: Green Mount

Location: Baltimore, Md.

18. Funeral director: H. W. Mears and Son
Address: 805 N. Calvert Street

19. 3/8/49 19 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 6, 1949, at 11:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 24, 1948, to Mar. 6, 1949 and that I last saw her alive on Mar. 6, 1949

Immediate cause of death	DURATION
Metastatic Carcinoma of Liver & Biliary Ducts.	5 mos.
Due to Primary Carcinoma Gall bladder.	
Due to	
Other conditions	

155
46 f

(Include pregnancy within 3 months of death)

Major findings of operations: Cholelithiasis, Empyema and Primary Ca. Gall bladder. Date of op. 11-4-48

Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert H. Live M.D. (M.D. or other)

Address: Cal. & 30th St. City Date signed: 3-7-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02354

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 34 Edmondson Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 34 Edmondson Ridge Road

3. NAME OF DECEASED (Type or Print): (First) Winnie (Middle) Elizabeth (Last) Collins

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1949

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH April 2 1876 | 9. AGE last birthday 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Baker | 14. MOTHER'S MAIDEN NAME Mollie Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs Josephine Arnett - 34 Edmondson Ridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 Day

260 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs

(c) Diabetes Mellitus — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1946 to 3-29, 1949, that I last saw the deceased alive on 3-29, 1949, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James Stowers Catonsville 3-29

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3/31/49 | NAME OF CEMETERY OR CREMATORY Choptank | LOCATION (City, town, or county) Choptank (State) Md

DATE RECD BY LOCAL REG. 3/29/49 | REGISTRAR'S SIGNATURE H. W. Hedrick M.D. | 24. FUNERAL DIRECTOR Fred B Willoughby | ADDRESS Hurlock Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02355

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Balto
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harrisonville Rural
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harrisonville Rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Cornelius (Last) Conrey

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 49

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 1-6-45

9. AGE last birthday: 4 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elden E. Conrey

14. MOTHER'S MAIDEN NAME: F. Mary Moundfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss Laura Conrey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7544 Immediate cause (a) Congenital Heart Disease

157e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Other congenital Defects

(c) Dodicity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to 3/4/1949 that I last saw the deceased alive on 3/1/1949, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md. 3/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Mar.

NAME OF CEMETERY OR CREMATORY: Ward's Chapel

LOCATION (City, town, or county): Balto. Co.

(State): Md

DATE REC'D BY LOCAL REG.: 3/4/49

REGISTRAR'S SIGNATURE: Wm. E. Martin

21. FUNERAL DIRECTOR: C. Harry Weed

ADDRESS: Sykesville, Md.

RECEIVED
APR 13 1949
BUREAU V. S.

189

02356

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 21 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 Bach Ring Neck Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Coosenberry (Last)
4. DATE OF DEATH (Month) Mar (Day) 13 (Year) 49

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-17-1909 ~~58~~
9. AGE last birthday 39 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thorton Coosenberry
14. MOTHER'S MAIDEN NAME Nina Coosenberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Beatrice Coosenberry 1337 Brunt St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 3rd degree burns 6 Immediate.

916.0 Antecedent cause(s) Entire body completely charred

180 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) bones burned & encrusted

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Essex (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 13 1949 6 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? House burned

22. I hereby certify that I attended the deceased from —, 19—, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 05 A.m., from the causes and on the date stated above.

SIGNATURE J. McCarmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto. Co. Dundalk 22 Md DATE SIGNED 3/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-17-49
NAME OF CEMETERY OR CREMATORY St. Stephens
LOCATION (City, town, or county) Essex (State) Md

DATE REC'D BY LOCAL REG. 3-16-49
REGISTRAR'S SIGNATURE John G. Connelly
24. FUNERAL DIRECTOR Elroy O. Wilson, 1000 Brantly Ave. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

023538

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 609 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie - Towson
STREET ADDRESS (If rural, give location): 609 Overbrook Rd.

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) J. (Last) CORCORAN

4. DATE OF DEATH: (Month) Mar. (Day) 25 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 28, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. LeRoy Corcoran - 609 Overbrook Rd., 12

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage. — Interval between onset and death: 3 days.

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis.

(c) Ch. Hypertension.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 1949, to 3/25, 1949, that I last saw the deceased alive on 3/24, 1949, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE: J S Harding (Degree or title) MD. ADDRESS: 3805 Belair Rd DATE SIGNED: 3/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/28/49 — NAME OF CEMETERY OR CREMATORY: Cathedral Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 3/28/49 — REGISTRAR'S SIGNATURE: H. W. Hedrick DMH

24. FUNERAL DIRECTOR: WILLIAM J. TICKNER & SONS — ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02358

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville | LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural give location) Melanchton Ave.

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Browning (Last) Corcoran
4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1949
5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Nov. 22, 1861
9. AGE last birthday: 87 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Eben Strahan
14. MOTHER'S MAIDEN NAME: Eliza Talbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. George W. Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 **Immediate cause** (a) Hypertensive cardio vascular disease — 10 yrs

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to March 25, 1949, that I last saw the deceased alive on 3/25, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clewell Howell, M.D. | ADDRESS Town, Md | DATE SIGNED 3/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Mar 28, 1949 | NAME OF CEMETERY OR CREMATORY Sherwood | LOCATION (City, town, or county) (State) Cockeysville, Md.

DATE REC'D BY LOCAL REG. 3-26-49 | REGISTRAR'S SIGNATURE Wilmer C. Ensor | 24. FUNERAL DIRECTOR Landon M. Brooks | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0235.38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 725 E 41st St

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Julius (Last) Costello
4. DATE OF DEATH (Month) March (Day) 24 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 31, 1889
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wheeling W. Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Julius Costello
14. MOTHER'S MAIDEN NAME Anna Ripple
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary tuberculosis — One month

138 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Tuberculous nephritis — about 1½ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18-, 1949, to 3-24-, 1949, that I last saw the deceased alive on 3-24-49, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE W A Bridges (Degree or title) M.D. ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED 3-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-28-49
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. March 27-49
REGISTRAR'S SIGNATURE W. Carroll Van Horn Deputy
24. FUNERAL DIRECTOR John A. Moran ADDRESS 3000 E. Balt. St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02360

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1016 Sterling St.,

3. NAME OF DECEASED (Type or Print): (First) CARLEE (Middle) (Last) COVINGTON

4. DATE OF DEATH: March 18, 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-24-1917

9. AGE last birthday: 31 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bennettsville, S. C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl Covington

14. MOTHER'S MAIDEN NAME: Elese Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: 212-16-9795

17. INFORMANT: Clin.Rec. Vets.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

602
134a

Immediate cause (a) Collapse during spinal anesthesia for left ureterostomy — Interval between onset and death: 18 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Stone in left ureter removed at operation — Unknown

19a. DATE OF OPERATION: 3-17-49

19b. MAJOR FINDINGS OF OPERATION: Calculus left ureter

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-, 1949., to 3-18-, 1949, that I last saw the deceased alive on 3-18-, 1949., and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: VAH Fort Howard, Maryland DATE SIGNED: 3-18-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-22-49 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 3/21/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Katie R. Williams — ADDRESS: Baltimore, Md.

98

02361

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural) — LENGTH OF STAY (In this place) 6 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural) — STREET ADDRESS (If rural, give location) Hereford

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Henry	Peter	Craumer		3	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	Single	4-1-1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farm	Hanover Penn.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry A. Craumer	Elizabeth Fitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			?

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.2

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ..., 1945, to Mar. 29, 1949, that I last saw the deceased alive on Mar. 28, 1949, and that death occurred at 9 30 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. M. Franca		Parkton, Md	3/29/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-31-49	Druid Ridge	Pikesville, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 31, 1949	Mrs Howard S. Markline	Landon M. Bowles	

RECEIVED
APR 2 1949
BUREAU V. S.

02362

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville LENGTH OF STAY (in this place): 18 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: McDonogh School, McDonogh, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reis. Rd. near Mt. Wilson Lane	STREET ADDRESS (If rural give location): McDonogh Road

3. NAME OF DECEASED (Type or Print) (First) Dorsey (Middle) (Last) Cromwell				4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1949		
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH: Oct. 10, 1900	9. AGE last birthday: 48 yrs.	If under 1 year: Months 5 Days 11	If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboring	10b. KIND OF BUSINESS OR INDUSTRY: McDonogh School	11. BIRTHPLACE (State or foreign country): Stevensville, Md.	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME: Eugene Cromwell		14. MOTHER'S MAIDEN NAME: Elizabeth Smith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
8125 Immediate cause	(a) Fractured skull	2 mins.
Antecedent cause(s)	Compound fractures of both legs	2 mins.
170C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: None	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Reis. Rd.	(CITY OR TOWN): Pikesville	(COUNTY): Balto.	(STATE): Md.
TIME OF INJURY (Month) 3 (Day) 21 (Year) '49 (Hour) 3:18 A m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Struck by automobile		

22. I hereby certify that I attended the deceased from 3-21, 1949, to 3-21-'49, that I last saw the deceased alive on not seen, alive and that death occurred at 3:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples, M.D. Med. Exam.	Reisterstown, Maryland	3-21-'49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/24/49	NAME OF CEMETERY OR CREMATORY: Stevensville	LOCATION (City, town, or county) (State): Stevensville, Md.
DATE REC'D BY LOCAL REG.: 3-22-49	REGISTRAR'S SIGNATURE: Mary B. E. Line.	24. FUNERAL DIRECTOR: Frank H. Newell	ADDRESS: Pikesville Md.

15
16
17

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 28 1949
BUREAU V. S.

Evidence for addition #18 on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02363

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
County: Baltimore
City or town: Ft Covile
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 yr
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Randallstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Liberty Road
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Arthur R. Crunkilton

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 23rd 1948

8. AGE: Years | Months: 8 | Days: 17 | If less than one day: hrs. min.

9. Birthplace: Baltimore Co Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Leonard Crunkilton
13. Birthplace: West Virginia

MOTHER
14. Maiden name: Helen Shields
15. Birthplace: Baltimore Co Md

16. Informant: Mrs Leonard Crunkilton
Address: Randallstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 14 1949 (month) (day) (year)
Cemetery or crematory: Mt. Olive Cem.
Location: Randallstown Md.

18. Funeral director: Shields Funeral
Address: 4510 Liberty Heights Ave

19. 3/14/49 19 (Date rec'd by registrar) Henry A. Armiger Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 17 1949 at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1948 to 3-12 1949
and that I last saw h. alive on 3-11 1949

	DURATION
Immediate cause of death: Smothered (accidental) Apparently blanket covered baby's face while riding on rear seat of car.	
Due to: Passive Congestion of Lungs (4/26/49 S.)	10 Min
Due to:	
Other conditions: 7240 182	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Dr Thos J Abbott M. D. or other
Address: 4509 Liberty Heights Date signed: 3-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02364

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1 year 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2517 West Fairmount Avenue

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) (Last) Czapkiewicz

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/27/88

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matues Czapkiewicz

14. MOTHER'S MAIDEN NAME: Victoria Libitinski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 Immediate cause (a) Carcinoma, bronchiogenic, left lung — Interval between onset and death: Indefinite

Antecedent cause(s)

47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic fibrotic pleuritis c hemorrhagic effusion — "

(c) Chronic glomerular nephritis (arteriosclerotic kidney) — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1947, to March 18, 1949, that I last saw the deceased alive on March 18, 1949, and that death occurred at 3:50 P.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk, M.D. (Degree or title) ADDRESS: Catonsville, 28, Maryland DATE SIGNED: 3/19/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-21-49 — NAME OF CEMETERY OR CREMATORY: Moreland Mem. — LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG.: 3/21/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm J. McKnew & Son — ADDRESS: Balto. Md.

85

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02365

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY 13 BALTIMORE Co. — Parkville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Satyr Hill & Old Harford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - Rural
STREET ADDRESS (If rural, give location): Satyr Hill & Old Harford Rd

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) ELLSWORTH (Last) DAILEY

4. DATE OF DEATH: (Month) MARCH (Day) 24 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 3, 1893

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Bakery

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Dailey

14. MOTHER'S MAIDEN NAME: Dora Mary Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): 1st W. War

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Anna L. Dailey, Satyr Hill Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 10 min.

420.1 Antecedent cause (s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Several previous attacks.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1943, to Mar. 24, 1949, that I last saw the deceased alive on Mar. 21, 1949, and that death occurred at 1.15A. m., from the causes and on the date stated above.

SIGNATURE: A. M. Bacon — (Degree or title) M. D. — ADDRESS: 2810 Taylor Ave. — DATE SIGNED: 3/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 26, 49 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/24/49 — REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

02366

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MIDDLE RIVER — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1720 Wilson Pt. Rd.	STREET ADDRESS (If rural, give location): 1720 Wilson Point Rd

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) H.	(Last) Davis	4. DATE OF DEATH	(Month) 3	(Day) 2	(Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Sept. 10, 1899	9. AGE last birthday: 49 yrs.	If under 1 year: Months 5, Days 20	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Thomas E. Davis	14. MOTHER'S MAIDEN NAME: Mary R. Hunt						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW #2	16. SOCIAL SECURITY NO.: 218-01-7066	17. INFORMANT: Mrs. Charles H. Davis					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181 Immediate cause (a) Carcinoma of Bladder c̄ widespread metastases

Antecedent cause(s)

52b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bladder with metastases	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Mar 2, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jack Wexler	M D	805 Fuselage Ave	3/2/49

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE: 3/5/49	NAME OF CEMETERY OR CREMATORY: Parkwood	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 3/4/49	REGISTRAR'S SIGNATURE: A. W. Hedrich	24. FUNERAL DIRECTOR: Lassahn Funeral Home	ADDRESS: 7401 Belair Rd.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

02367

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton
STREET ADDRESS (If rural give location) 3 mi. West of Parkton.

3. NAME OF DECEASED (Type or Print) (First) ALFRED (Middle) NICHOLAS (Last) DIEHL

4. DATE OF DEATH (Month) (Day) (Year) March 10, 1949.

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct. 24, 1862
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY CIGAR MANU.
11. BIRTHPLACE (State or foreign country) PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JACOB DIEHL
14. MOTHER'S MAIDEN NAME MAGDALENE DIETZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT S. A. Diehl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular-renal disease

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13/a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1949, to Mar 10 1949, that I last saw the deceased alive on Mar. 10, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE A. M. Frances (Degree or title) M.D. ADDRESS Parkton, Md. DATE SIGNED 3/10/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF MAR. 13, 1949 NAME OF CEMETERY OR CREMATORY Mt. Zion, York Co. LOCATION (City, town, or county) York County (State) Pennia

DATE REC'D BY LOCAL REG. 3/10/49 REGISTRAR'S SIGNATURE Chester L. Fulton
24. FUNERAL DIRECTOR J. Jacob Hartenstein, ADDRESS New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1949
BUREAU V. S.

Evidence for change of #3,#7, & #15 &#17
shown on Film G120
4/25/49 dm.Doctor's Letter.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02368

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt.Wilson Hosp.
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson Hospital Mt.Wilson, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3516 Belair Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) ~~Edwin~~ (Last) Dorsey

4. DATE OF DEATH: (Month) March (Day) 23, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	~~Single~~ DIVORCED	11/16/1897	51 yrs.	4	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas G. Dorsey
14. MOTHER'S MAIDEN NAME: Blanche Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No YES (If year, give war or dates of service) WWI
16. SOCIAL SECURITY NO. # Unknown
17. INFORMANT Edwin James ~~David~~ Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	7 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002
13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1949, to 3/23/, 1949 that I last saw the deceased alive on 3/23, 1949, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stewart S. Shaffer M.D.	Mt.Wilson, Md.	3/23/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/25/49	National Cemetery	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/23/49	Helen R. Mayer	Wm. Cook, St.Paul & Preston Sts. Baltimore, Md.

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(02364)

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 200 Slade Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Edward E. Dosh

3.(b) Social Security Number: 215-01-8077

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Olin L.
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 19, 1882

8. AGE: Years	Months	Days	If less than one day
66			hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Mechanic
11. Industry or business: Auto Business
FATHER 12. Name: Henry J. Dosh
13. Birthplace: Baltimore
MOTHER 14. Maiden name: Ellen M. Hartman
15. Birthplace: Maryland
16. Informant: Mrs Olin L. Dosh
Address: 200 Slade Ave
17. Burial (Burial, cremation, or removal, Which?) Date thereof: March 26 '49 (month) (day) (year)
Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn, Maryland
18. Funeral director: Loring Byers
Address: 5005 Park Heights Ave
19. 3-26-49 (Date rec'd by registrar) Dr E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 24, 1949, at 6'15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 17th 1947, to Mar. 24th 1949 and that I last saw him alive on March 23rd 1949

Immediate cause of death	DURATION
Coronary Thrombosis	3 days.
Due to: Coronary Sclerosis	1 yr
Due to: 420.1 944 Art. Sclerosis.	1½ yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: James A. Miller M.D.
M. D. or other
Address: Pikesville 8, Md. Date signed: 3/26/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

4 Transcripts.

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12370

Reg. Dist. No. 4C

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 922 Gorsuch Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ALBERT (Last) DOWD

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 7/23/93

9. AGE last birthday: 55 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asbestos worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Dowd

14. MOTHER'S MAIDEN NAME: Mary Quinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clinical Records, Vet. Adm. Hosp. Ft. Howard Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 **Immediate cause** (a) ABDOMINAL CARCINOMATOSIS WITH METASTASIS TO SPINE — Interval Between Onset and Death: 3 months plus

Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/28/49

19b. MAJOR FINDINGS OF OPERATION: Abdominal carcinomatosis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1949, to March 21, 1949, that I last saw the deceased alive on March 21, 1949, and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. Manaugh
H.C.MANAUGH, M.D., CHIEF, PROF. SERV. VAH, FORT HOWARD, MD. 3/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/24/49 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/21/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Vernon C. Lemmon, 4611 Park Heights Ave, Balto. Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02371

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson

(If outside city or town limits, write RURAL and givn nearest town)

How long in above place of death? 6 Months

Hospital, Institution, or street address where death occurred: 812 Regester Avenue

How long in hospital or institution? 6 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Towson

(If outsidn city or town limits, write RURAL and give nearest town)

Street No. 812 Regester Avenue

(If rnral, givn LOCATION)

2.(a) If veteran, name war: ---

3. (a) FULL NAME: Ellen Frances Driscoll

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: ---

6.(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): --- ABT. 1858

8. AGE: Years	Months	Days	If less than one day
About 91	---	---	---hrs. ---min.

9. Birthplace: Richmond, Virginia (Town, county, and state)

10. Usual occupation: None

11. Industry or business: ---

FATHER 12. Name: Dennis Driscoll

13. Birthplace: Ireland

MOTHER 14. Maiden name: Johanna Barry

15. Birthplace: Ireland

16. Informant: Francis D. O'Toole

Address: 10 E. Mt. Royal Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/5/49 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Baltimore, Md.

18. Funeral director: H. O. Meeks and Son

Address: 805 N. Calvert Street

19. 3-4 1949 (Date rec'd by registrar) C. W. Hedrick wh Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 2, 1949, at 6:25 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 21, 1949, to Mar 2, 1949 and that I last saw h--- alive on March 2, 1949

Immediate cause of death	DURATION
Pneumonia (Primary)	10 days
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ---

Date of op.: ---

Autopsy results: ---

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ---

Means of injury: --- Injured at work?

23. SIGNATURE: Hunt Green Jr. M.D. M. D. or other

Address: Towson. md Date signed: 3/4/49

1945
15
1858

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02372

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: BALTIMORE

City or town: TOWSON
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 YRS

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MD County: BALTO.

City or town: TOWSON
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6 MARYLAND AVE
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: KATHERINE ANN EDGAR

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	WIDOWED

6.(b) Name of husband or wife: THOMAS S. EDGAR

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): DEC. 5, 1859

8. AGE: Years	Months	Days	If less than one day
89	3	14	..... hrs. ..... min.

9. Birthplace: BROOKLYN N.Y.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: JOHN McQUILLEN
13. Birthplace: IRELAND

MOTHER
14. Maiden name: MARY FLYNN
15. Birthplace: IRELAND

16. Informant: MRS. MARY L. GADDESS
Address: 6 MARYLAND AVE., TOWSON

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: 3 (month) 22 (day) 49 (year)

Cemetery or crematory: NEW CATHEDRAL

Location: BALTO. MD.

18. Funeral director: HENRY W. JENKINS & SONS CO.

Address: 4905 YORK ROAD, BALTO. 12

19. March 21 19 49 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19 19 49, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 49, to March 19 49 and that I last saw h.. alive on March 18 19 49

Immediate cause of death	DURATION
Natural Cause	
Due to	
Due to 962.9 1862	
Other conditions Bronch. Pneu. 13 Bed Sores	4 Days

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address ..... Date signed .....

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02373

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Baltimore

City or town: Turner's Station (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Turner's Station (If outside city or town limits, write RURAL and give nearest town)

Street No. 127 Barberry Court (If rural, give LOCATION)

2.(a) If veteran, name war: Dundalk 22, Md

3. (a) FULL NAME Mary Edwards

3. (b) Social Security Number

4. Sex: F

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: widow

6.(b) Name of husband or wife: Henry Clay Edwards

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 16th 1890

8. AGE: Years: 59 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Montgomery Co. Alabama (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Archie Wright
13. Birthplace: Alabama

MOTHER
14. Maiden name: Lucinda
15. Birthplace: Alabama

16. Informant: Mary Jackson

Address: 127 Barberry Ct.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3-20-49 (month) (day) (year)

Cemetery or crematory

Location: Montgomery Ala.

18. Funeral director: Samuel W. Sullivan Jr.

Address: 1011 N. Arlington Ave - Balto.

19. March 19th 1949 (Date rec'd by registrar) J. W. Hedrick R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 17th 1949, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 2nd 1948 to March 17th 1949 and that I last saw her alive on March 17th 1949

Immediate cause of death: Cerebral apoplexy — DURATION: 3 months

Due to: 334 / 83a

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. H. Thomas M.D. M. D. or other

Address: 107 N. Main St Dundalk 22 Md. Date signed: 3/17/49

02374

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton P.O. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Phila. Rd Fullerton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) George (Last) Eurice

4. DATE OF DEATH (Month) Mar (Day) 10 (Year) 49

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 1897 | 9. AGE last birthday 52 yrs. If under 1 year Months 5 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Carpenter & Builder | 11. BIRTHPLACE (State or foreign country) Baltimore County, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Eurice | 14. MOTHER'S MAIDEN NAME Elizabeth Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Elizabeth Eurice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none - m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on Dead on arrival 3/10/49, and that death occurred at 1.50 p.m., from the causes and on the date stated above.

SIGNATURE W. McLearnine M.D. (Degree or title) ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 3/10/49

23. BURIAL, CREMATION REMOVAL (Specify) burial | DATE 3/14/49 | NAME OF CEMETERY OR CREMATORY St. Joseph's | LOCATION (City, town, or county) Fullerton, Md. (State)

DATE REC'D BY LOCAL REG. 3/14/49 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Lassahn Funeral House | ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

7

02375

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 14 — LENGTH OF STAY (in this place) 40 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hamilton, Baltimore, 14,
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2014 E. Joppa Road	STREET ADDRESS (If rural give location) 2014 E. Joppa Road

3. NAME OF DECEASED (Type or Print) (First) Louis Bertram (Middle) on Eyre (Last)

4. DATE OF DEATH (Month) March (Day) 23 (Year) 1949

5. SEX Male | 6. COLOR OR RACE While | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 8-3-70 | 9. AGE last birthday 78 yrs. If under 1 year Months 7 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Howard County Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Eyre | 14. MOTHER'S MAIDEN NAME Elizabeth Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Ellen Frances Eyre, wife, same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure

526 Antecedent cause(s)

106 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis

(c)

INTERVAL BETWEEN ONSET AND DEATH: Bronchiectasis 18 years; Heart failure 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13-, 1949, to 3-23, 1949, that I last saw the deceased alive on 3-22-, 1949, and that death occurred at 2:05 a.m., from the causes and on the date stated above.

SIGNATURE William A Bridges (Degree or title) M.D. ADDRESS Towson, 4, Md. DATE SIGNED 3-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar. 26, 1949 | NAME OF CEMETERY OR CREMATORY Providence Cemetery | LOCATION (City, town, or county) (State) Providence, Balto. Co., Md.

DATE REC'D BY LOCAL REG. March 26, 49 | REGISTRAR'S SIGNATURE Local Dep W. Carroll Van Horn | 24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1949
BUREAU V. S.

CERTIFICATE OF DEATH

Registered No. 38

02376

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BERNICE SMITH FAIRFAX

2. DATE OF DEATH: March 5, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Towson

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eudowood Hospital

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 574 Baker Street

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Oct. 31, 1914

9. AGE (In years last birthday): 34 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic

10B. KIND OF BUSINESS OR INDUSTRY: Eudewood Hospital

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Smith

14. MOTHER'S MAIDEN NAME: Wilhelmena Queen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Muril Clark (s) — ADDRESS: 574 Baker St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

322.0
77c

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: [signature] M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: March 7, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Buriel

24B. DATE: March 9, 1949

24C. NAME OF CEMETERY OR CREMATORY: Mount Auburn

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 2/9/49

REGISTRAR'S SIGNATURE: A. W. Hedrich

25. FUNERAL DIRECTOR: Charles G. Cooper — ADDRESS: 512 N. Carrollton Ave.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02377

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville.
STREET ADDRESS (If rural, give location) 1503 Reisterstown Road

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) John (Last) Fertitta

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Aug 29-1867

9. AGE last birthday: 81 yrs. If under 1 year: Months 6; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY: Shoemaker

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Valentine Joseph Fertitta

14. MOTHER'S MAIDEN NAME: Salvature Maggio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Salvature Dellar - Pikesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 day

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis — 10 yrs

(c) Art. Sclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 1, 1939, to March 24, 1949, that I last saw the deceased alive on March 24, 1949, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James A. Miller M.D.
ADDRESS: Pikesville-8, Md
DATE SIGNED: 3/26/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3/28/49
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville 8, Maryland

DATE REC'D BY LOCAL REG.: 3-26-49
REGISTRAR'S SIGNATURE: Dr. E. E. Nichols
24. FUNERAL DIRECTOR: Frank H. Newell Inc.
ADDRESS: Pikesville Md.

RECEIVED
MAR 28 1949
BUREAU V. S.

Evidence for change in #18-part 1 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 12C MAY 25 1949

Reg. Dist. No. 02378 20

199

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 42yr.6mo.2das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS ? (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
W.	Frederick	Fifer	3 -	18 -	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	1871?	78 yrs.	?	?		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Baltimore, Maryland?	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Fifer	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the stomach	indefinite
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular heart disease 5/24/49-as	"
	(c) Hypertensive cardiovascular disease	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

151 46b

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16, 19 05, to 3-18, 19 49, that I last saw the deceased alive on 3-18, 19 49 and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry C. A. Mead, M.D., Physician-Psychiatric, Spring Grove State Hospital, Catonsville 28, Maryland 4-13-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	4-14-49	Spring Grove Hospital	Catonsville 28, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/14/49	W. E. Harry	Spring Grove Hospital	Catonsville 28, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 16 1949
BUREAU V. S.

02379

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard — LENGTH OF STAY (in this place) 393 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 1020 N. Eutaw Street

3. NAME OF DECEASED (Type or Print)	(First) NELSON	(Middle) G.	(Last) FIGGS	4. DATE OF DEATH	(Month) March (Day) 20, (Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11-11-11	9. AGE last birthday 37 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles Figgs	14. MOTHER'S MAIDEN NAME Nellie Gray				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-2	16. SOCIAL SECURITY NO. 218-10-0989	17. INFORMANT Clin.Rec.Vets.Adm. Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous meningitis	4 Months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pleural effusion	14 Mos.plus
	(c) Pulmonary Tuberculosis, bilat. mod. adv. (no bacteriologically proven	14 Mos.plus

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-49, 19....., to 3-20-, 1949, that I last saw the deceased alive on 3-20-, 1949, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh. H.C. MANAUGH, M.D.	Chief Pro. Services	VAH, Ft.Howard, Md.	3-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3-24-49	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 3/22/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR 578 Frances Hemsley W. BiddleSt.,	ADDRESS Balto.,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02380

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 6 — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fitch Avenue	STREET ADDRESS (If rural, give location) Fitch Ave. Box 495

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) W.	(Last) FITCH	4. DATE OF DEATH	(Month) 3 (Day) 20 (Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower	8. DATE OF BIRTH Sept. 6th 1864	9. AGE last birthday 84 yrs.	If under 1 year: Months 6, Days 14; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Fitch		14. MOTHER'S MAIDEN NAME Rebeccah Fowler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. John Foard			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis due to

4201 Antecedent cause(s)

13/a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic cardiovascular disease

(c) Prostatism.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4/41, 19....., to 3/21, 1949, that I last saw the deceased alive on 2/24, 1949, and that death occurred at 6:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. L. Kolodny, M.D.		Ridge Road, Baltimore 6	Md.

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 3/23/49	NAME OF CEMETERY OR CREMATORY St. Johns Lutheran	LOCATION (City, town, or county) Parkville, Md. (State)
DATE REC'D BY LOCAL REG. 3/22/49	REGISTRAR'S SIGNATURE A. W. Hefrich	24. FUNERAL DIRECTOR Lassahn Funeral Hon.	ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition of #21

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02381

FILM No. G 120 MAY 5 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard — LENGTH OF STAY (In this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.	STREET ADDRESS (If rural give location) 414 South Monroe St.

3. NAME OF DECEASED (Type or Print) (First) HAMILTON	(Middle) F.	(Last) FOGLE	4. DATE OF DEATH (Month) March	(Day) 21,	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH 11-18-81	9. AGE last birthday 67 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Agnes (M.N. Unknown)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) SAW	16. SOCIAL SECURITY No. Unknown	17. INFORMANT Clin.Rec. Vets.Adm.Hosp.,Ft. Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
9044 Immediate cause	(a) Subdural Hematoma left	Approx. 1 day
186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Contusion and laceration of right occipital area of scalp, due to contusion & laceration of cerebral cortex left temporal andfrontal lobes.	"
	(c)	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ? (Specify) SUICIDE HOMICIDE	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Baltimore City	(COUNTY) (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-20-49 10: A. m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? Contusion on head from accidental fall [5/5/49 abs]	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE W. M. CARMINE, M.D. (Degree or title) W M Carmine M.D. ADDRESS Deputy Medical Exp Balto Co Dundalk 22 m/ DATE SIGNED 3-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-24-49	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 3/22/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Frederick Cole	ADDRESS W.Lombard St.,Balto.,Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02382

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
STREET ADDRESS (If rural, give location): 17 Willow Ave.

3. NAME OF DECEASED (Type or Print): (First) LOTTIE (Middle) J. (Last) FORD

4. DATE OF DEATH: (Month) March (Day) 4, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 18, 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairmount, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Walston

14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Otto E. Weber, 17 Willow Ave. Overlea

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Dilatation — Interval between onset and death: Mar 4-49

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pulmonary Edema — Cardio Vascular Disease — 6 yrs.

(c) Acute Cystitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1943, to Mar 4, 1949, that I last saw the deceased alive on Feb 15, 1949, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE: Wm G. Geyer (Degree or title): Md. ADDRESS: 156 N. Milton Ave. DATE SIGNED: Mar-5-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar. 8, 1949 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3-7-49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Ullrich Funeral Home, 2008 Orleans St., — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02383

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Catonsville) Baltimore
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1249 Sulphur Spring Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~NOT~~ Maryland. COUNTY Balto -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Catonsville)
STREET ADDRESS (If rural give location) 1249 Sulphur Spring Road

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) KATIE (Last) FOWBLE
4. DATE OF DEATH: (Month) MARCH (Day) 11 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [redacted]
8. DATE OF BIRTH: Jan 3, 1881
9. AGE last birthday: 68 yrs.
If under 1 year: Months — Days —
If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? Baltimore USA
13. FATHER'S NAME: James Beam
14. MOTHER'S MAIDEN NAME: Kate Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Ruth Bauer — daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	immediate
Antecedent cause(s)	(b) Angina Pectoris	4 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Cardio - Vascular disease	years.

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: None done
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: non
(CITY OR TOWN): none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none
INJURY OCCURRED While at Work ☐ Not While At work ☐: none
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from January, 1949, to 11 Mar., 1949, that I last saw the deceased alive on 10 March, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Jardwan,	M.D	1334 Sulphur Spring Road Balto 27, Md.	11 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 14-49	Emory Cem.	Carroll Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/11/49	G. W. Hedrick	Edw A Tipton	Hampstead Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02384

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Balto.

City or town: 3700 Oak Road Lochearn
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: —

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Baltimore Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 3700 Oak Road Lochearn
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Morris William Franklin

3. (b) Social Security Number: 216_24_3210

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Marrted

6.(b) Name of husband or wife: Katie

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 17 1885

8. AGE: Years: 63 Months: 11 Days: If less than one day ..... hrs. ..... min.

9. Birthplace: New York City
(Town, county, and state)

10. Usual occupation

11. Industry or business: Cab Business

FATHER
12. Name: Berl Franklin
13. Birthplace: Russia

MOTHER
14. Maiden name: Krayna Yoleson
15. Birthplace: Russia

18. Informant: Mrs. Katie Franklin
Address: 3700 Oak Road Lochearn

17. Burail
(Burial, cremation, or removal. Which?)
Date thereof: 3/4 49 (month) (day) (year)

Cemetery or crematory: Har Sinai Cemetry

Location: Erdman Ave & Edison Hwy.

18. Funeral director: Sol Levinson & Bros.
Address: 1124-26 W. North Avenue

19. Mar. 3 1949 (Date rec'd by registrar) E-W. Hedrick wh Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 2/49 19 2.15 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-25 1949, to 3-2 1949 and that I last saw him alive on 3-2 1949

Immediate cause of death: Coronary Occlusion — DURATION: 10 min

421.4
92e

Due to: Endocarditis +

Due to: Myocarditis

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Thos. J. Abbott M. D. or other

Address: 4509 Liberty Heights Av. Date signed: 3-2-49

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

02385

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 10 S. Fremont Ave

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Ella (Last) Geddis

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: Aug. 27-1866

9. AGE last birthday: 82 yrs. If under 1 year: Months 6 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Geddes

14. MOTHER'S MAIDEN NAME: Mary C. Connelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Laura M. Schroder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 Immediate cause (a) Coronary Thrombosis — 1 day

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Diabetes Mellitus — 14 years

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 19.35., to Mar., 19.49., that I last saw the deceased alive on Mar 19, 1949, and that death occurred at Mar. 20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Wilbur F Skillman M.D. | 6 E. Biddle St

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: Loudon Pk | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE: Laura M. Schroder | 24. FUNERAL DIRECTOR: Wm. Cook | ADDRESS: St. Paul & Preston St

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

02386

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190 42

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Denis
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5110 Willow Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 5110 Willow Ave COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Denis
STREET ADDRESS (If rural give location) 5110 Willow Ave

3. NAME OF DECEASED (Type or Print) (First) Julius (Middle) E. (Last) Gottschalk

4. DATE OF DEATH (Month) 3 (Day) 11 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 26, 1871
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Mrs. Lizzie M. Gottschalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Prostate	2 yrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Secondary anemia	3 mo.

177

51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insuff 3 mo.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept, 1947, to Mch 11 1949, that I last saw the deceased alive on Mch 11, 1949, and that death occurred at 6 15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh ADDRESS 5609 Main St. Elkridge DATE SIGNED 27 Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/14/49 NAME OF CEMETERY OR CREMATORY Melville M E LOCATION (City, town, or county) Elkridge, Md (State)

DATE REC'D BY LOCAL REG. March 12, 1949 REGISTRAR'S SIGNATURE (Miss) E. Bird Williams 24. FUNERAL DIRECTOR John J Cowan & Son ADDRESS 901 Hollins St

RECEIVED
MAR 14 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02387

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville
LENGTH OF STAY (in this place) 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1640 YAKONA RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 1640 Yakona Road

3. NAME OF DECEASED (Type or Print) (First) EDNA (Middle) CATHERINE (Last) GROOM

4. DATE OF DEATH (Month) March (Day) 13 (Year) 1949

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 2/19/1902

9. AGE last birthday 47 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) BALTO. COUNTY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME FRANCIS MADARY

14. MOTHER'S MAIDEN NAME ANNIE RANDALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT J. Allen Groom

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) CARDIAC FAILURE

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE 20 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to March, 1949, that I last saw the deceased alive on 3/13, 1949, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE Gordon Grau (Degree or title) MD ADDRESS 8523 Jack Rover Blvd DATE SIGNED 3/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Mar. 17, 1949

NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery

LOCATION (City, town, or county) (State) Towson, Maryland

DATE REC'D BY LOCAL REG. March 17-49

REGISTRAR'S SIGNATURE Dep. Local W. C. Van Horn

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland ADDRESS

RECEIVED
MAR 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02388

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Stillwater Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 306 Stillwater Rd.

3. NAME OF DECEASED (Type or Print): (First) AUGUST (Middle) (Last) GUNZELMAN

4. DATE OF DEATH: (Month) MAR. (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 14-1884

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Balto Co Sewage Dept.

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Gunzelman

14. MOTHER'S MAIDEN NAME: Julia Kuhn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: mrs. Josephine meeks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular-Renal Disease — Interval between onset and death: 1 yr.

442 Antecedent cause(s)

1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1949, to March 19, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James F. White. M.D. 1122 Eastern Ave., Baltimore 24, Md. 3/21/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-22-49 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Balto., Md

DATE REC'D BY LOCAL REG.: 3/21/49 — REGISTRAR'S SIGNATURE: John G. Connelly

24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: 418 Eastern Ave.

RECEIVED
MAR 22 1949
BUREAU V. S.

02389

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Sanatorium	STREET ADDRESS (If rural, give location) 216 N. Monroe St.

3. NAME OF DECEASED (Type or Print)	(First) HENRY	(Middle) J.	(Last) HADDICK	4. DATE OF DEATH	(Month) March 2 (Day) 1949 (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Feb 12, 1868	9. AGE last birthday 81 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tin Smith	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME (Unknown) Haddock		14. MOTHER'S MAIDEN NAME Elizabeth (Unknown)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 218-09-4736	17. INFORMANT Ja mes Dulaney, 216 N. Monroe St.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uraemia	4 Weeks
Antecedent cause(s)	(b) Nephritis	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Erysipelas	4 weeks

593

11

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb-27, 1949, to March-2, 1949, that I last saw the deceased alive on March-2, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Lloyd Johnson	MD	Catonsville, Md	3/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/5/49	NAME OF CEMETERY OR CREMATORY Western	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 3/4/49	REGISTRAR'S SIGNATURE W. W. Hedrick WCH	24. FUNERAL DIRECTOR William Cook, Inc., 1217 St. Paul St.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02390

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3102 Texas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co
STREET ADDRESS (If rural give location) 3102 Texas Av

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Anna (Last) Hajek
4. DATE OF DEATH (Month) March (Day) 13 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 11-6-1873
9. AGE last birthday 75 yrs. If under 1 year Months 4 Days 7 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bohemia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Broz
14. MOTHER'S MAIDEN NAME Not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT Anna Hajek 3104 Texas Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, vascular, coronary occlusion due to exertion (of throwing water on fire in yard).
420.1 Antecedent cause(s)
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis
(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden 3/13/49; Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Parkville (COUNTY) Baltimore (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Not injured

22. I hereby certify that I attended the deceased from None, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 15 P. m., from the causes and on the date stated above.

SIGNATURE Collin C. Hudson (Degree or title) Md. D.M.E. ADDRESS Towson 4 Md DATE SIGNED 3/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-16-49
NAME OF CEMETERY OR CREMATORY Oak Hill
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 3-15-49
REGISTRAR'S SIGNATURE A. W. Hedrick wh
24. FUNERAL DIRECTOR Frank Covach Son 900 Y. Chester ADDRESS

5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02391

EVIDENCE FOR CHANGE OF AGE + BIRTH DATE IS ON: FILM FF G119 - 3-30-49A

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Dorchester~~ Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Relay~~ / Hurlock
STREET ADDRESS (If rural give location) "Gundry's Sanatarium"

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) R. (Last) Harper

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ~~1869~~ Dec. 1878

9. AGE last birthday: 72 ~~80~~ yrs. | If under 1 year: Months 3 | Days 7 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spinster

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Harper

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	Indefini
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C. V. Disease	"
	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1949, to March 24, 1949, that I last saw the deceased alive on March 24, 1949, and that death occurred at 7:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry C. A. Mead, M.D. Catonsville 28, Maryland 3/25/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Mar 27 1949 | NAME OF CEMETERY OR CREMATORY Hurlock | LOCATION (City, town, or county) (State) Dorchester Co Md

DATE REC'D BY LOCAL REG. 3/25/49 | REGISTRAR'S SIGNATURE V. E. Harry | 24. FUNERAL DIRECTOR H. B. Willoughby | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02392

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Day Village - Turners Station (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 104 Barberry Court

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Day Village - Turner Sta (If outside city or town limits, write RURAL and give nearest town)

Street No.: 104 Barberry Court (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Willie Harris

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): April 4, 1870

8. AGE:

Years	Months	Days	If less than one day
78	11	2	... hrs. ... min.

9. Birthplace (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER: 12. Name: Unknown

13. Birthplace

MOTHER: 14. Maiden name: Unknown

15. Birthplace

16. Informant: Mr. Ollie Harris

Address: 106 Cypress Ct.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 10 1949 (month) (day) (year)

Cemetery or crematory

Location: Durham, N. Carolina

18. Funeral director: Mrs Frances A. Hensley

Address: 578 W. Biddle St.

19. 3-8 1949 (Date rec'd by registrar) A W Hedrick LL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-6-49 19 at 6:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1949 19 to 3-6-49 19

and that I last saw him alive on 3-6-49 19

Immediate cause of death: Congestive Heart Failure

Due to: Coronary thrombosis

Due to: Atherosclerosis

420.1
93d

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M.D. or other

Address: 423 New Pickford Date signed

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8 15
1949 - 3 - 6
78 - 4 - 4
1870 - 11 - 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02393

CERTIFICATE OF DEATH

Reg. Dist. No. 9-35

1. PLACE OF DEATH: COUNTY: Baltimore County; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson; LENGTH OF STAY (in this place): Since 8-14-47; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton; STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) RITA (Middle) HAYDEN (Last)

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-4-1916

9. AGE last birthday: 33 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher

10b. KIND OF BUSINESS OR INDUSTRY: School teacher

11. BIRTHPLACE (State or foreign country): Bel Alton Md

12. CITIZEN OF WHAT COUNTRY? Charles

13. FATHER'S NAME: Maurice Hayden

14. MOTHER'S MAIDEN NAME: Mary Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-12-1702

17. INFORMANT: Personal History and Hospital Records, Eudowood Sanatorium, Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Since August 1941

Antecedent cause(s)

002

138

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14, 1947, to 3-9, 1949, that I last saw the deceased alive on March 8, 1949, and that death occurred at 5.20 A m., from the causes and on the date stated above.

SIGNATURE: William A Bridges (Degree or title) M. D. ADDRESS: Towson, 4, Md. DATE SIGNED:

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE: 3-12-49

NAME OF CEMETERY OR CREMATORY: ST. THOMAS'S CEM.

LOCATION (City, town, or county): BEL ALTON (State): Md

DATE REC'D BY LOCAL REG.: 3/9/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Hamill & Ryon ADDRESS: Waldorf Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02394

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - TOWSON
LENGTH OF STAY (in this place) 8 yrs. 7 mos. 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHEPPARD AND ENOCH PRATT HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) MARLBORO APARTMENTS

3. NAME OF DECEASED (Type or Print) (First) JESSE (Middle) SAMUEL (Last) HEINEMAN
4. DATE OF DEATH (Month) MARCH (Day) 1 (Year) 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH OCT.5,1874
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE
10b. KIND OF BUSINESS OR INDUSTRY INSURANCE
11. BIRTHPLACE (State or foreign country) BALTIMORE CITY
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME SAMUEL HEINEMAN
14. MOTHER'S MAIDEN NAME HENRIETTA SONNEBORN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(e) Aortic aneurysm - ruptured	2 days
450.0	Antecedent cause(s)		
96	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(h) Arteriosclerosis	9 yrs +
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage — 2 days +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1940, to Mar. 1, 1949, that I last saw the deceased alive on Mar. 1, 1949, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

SIGNATURE Harry M. Murdock (Degree or title) M.D. ADDRESS TOWSON 4, MARYLAND. DATE SIGNED MARCH 3,1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/3/1949.
NAME OF CEMETERY OR CREMATORY Oheb Shalom
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/2/49
REGISTRAR'S SIGNATURE A.W. Hardrich
24. FUNERAL DIRECTOR David Sonderein & Son ADDRESS 1902 Eutaw Place. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02395

Reg. Dist. No. 42

1. PLACE OF DEATH:
County: Balto Co.
City or town: Fairdown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Fairdown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 102 First Ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Joseph J Heinemann

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Freda E
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 24 - 1906 ?

8. AGE: Years: 42 Months: 5 Days: 19 If less than one day: hrs. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual occupation: Plumber

11. Industry or business

FATHER
12. Name: Joseph —
13. Birthplace: Hungary

MOTHER
14. Maiden name: Barbara Mayer
15. Birthplace: Hungary

16. Informant: Wife
Address: 102 First Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/16/49 (month) (day) (year)
Cemetery or crematory: New Cathedral
Location: Frederick Rd
18. Funeral director: Edward Faulcone
Address: 2359 West Blvd Balto Md

19. 3/14 1949 (Date rec'd by registrar) A. W. Kelich md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/13 1949, at 4 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/10 1949, to 3/13 1949
and that I last saw h. stay alive on 3/13 1949

Immediate cause of death	DURATION
Coronary occlusion	3 days
Due to	
Due to 420.1 940	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Benjamin Miller MD M. D. or other
Address: 2030 Wilkens ave Date signed 3/13/49

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

02396

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Sparrows Pt MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel Co Sparrows Pt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 618 Maderia St.

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) (Last) Hill
4. DATE OF DEATH (Month) March (Day) 11 (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 10, 1893
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Enfield N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joe Hill
14. MOTHER'S MAIDEN NAME Martha Heath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT Hattie Hill 618 Maderia St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 min.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 340 P m., from the causes and on the date stated above.

SIGNATURE M B Davis MD (Degree or title) Dept. Med. Exam ADDRESS - Dundalk-22- DATE SIGNED 3/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE March 12/49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Suffolk Va. (State)

DATE REC'D BY LOCAL REG. 3/11/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Mrs Gott A. Elliott & Daughter ADDRESS 1129 N. Carolina St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02397

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Pk.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 16 Box 356 C

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Pk.
STREET ADDRESS (If rural, give location) Rt. 16 Box 356 C.

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) James (Last) Holt

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 49

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-6-1896
9. AGE last birthday 52 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Glenn L. Martin Co.
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James A Holt
14. MOTHER'S MAIDEN NAME Amelia A (Edler)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 1st W.W.
16. SOCIAL SECURITY NO. 212-01-9159
17. INFORMANT Mrs. Marie Stasiak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gastric Hemorrhage

545 Antecedent cause(s) (Etiology undetermined)

118 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE W B Davis MD (Degree or title) ADDRESS Dept. Med. Exam - Dundalk-22-Md. DATE SIGNED 3/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/12/49
NAME OF CEMETERY OR CREMATORY Oak Lawn Schwartz
LOCATION (City, town, or county) Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 3-10-49
REGISTRAR'S SIGNATURE John G. Connelly D.L.
24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

012398

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3026 Taylor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural give location) 3026 Taylor ave

3. NAME OF DECEASED (Type or Print): (First) Christina (Middle) (Last) Humphreys
4. DATE OF DEATH: (Month) March (Day) 20 (Year) 19 49

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: January 1, 1859
9. AGE last birthday: 90 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Miss. Jennie Humpheys. 3026 Taylor Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	12 hrs.
420.0 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart disease	many yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Mar 20, 1949, that I last saw the deceased alive on Mar 19, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Mat R. English M.D. | 5713 Belair Rd. | 3-21-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3/22/49 | NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | LOCATION (City, town, or county) Taylor Ave. Balto | (State) Md

DATE REC'D BY LOCAL REG. 3/22/49 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Howard N. Blight Jr. | ADDRESS 6009 Harford Road

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02399

Reg. Dist. No. 35

1. PLACE OF DEATH:
County: Baltimore
City or town: Maryland Line
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Maryland Line
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Ruth Johnson Hunt.-

3.(b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow.
6.(b) Name of husband or wife: Clarence B. Hunt.-
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): April 25, 1872.-

8. AGE: Years 76 Months 10 Days 9 If less than one day ... hrs. ... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own home.
FATHER
12. Name: T. B. Johnson
13. Birthplace: Md.
MOTHER
14. Maiden name: Jemima Cathcart.
15. Birthplace: Md.
16. Informant: C. Walter Hunt
Address: Maryland Line, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 7, 1949 (month) (day) (year)
Cemetery or crematory: New Freedom Cem.
Location: New Freedom, Pa.
18. Funeral director: Jacob Hartenstein
Address: New Freedom, Pa.
19. Mar 7 1949 (Date rec'd by registrar) Charles J. Fulton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 4, 1949 at 12:55 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 1 1949 to Mar. 4 1949 and that I last saw her alive on Mar. 4 1949
Immediate cause of death: Cerebral Thrombosis
Due to: 332
Due to: 830
Other conditions: arterio-sclerosis
(Include pregnancy within 3 months of death)
Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: A. M. France M. D. ~~or other~~
Address: Parkton, Md. Date signed: 3/5/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
MAR 16 1949
BUREAU V. S.

02400

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 19 Harrison Ave.

3. NAME OF DECEASED (Type or Print) (First) Ethel Co (Middle) Irwin (Last)

4. DATE OF DEATH (Month) Mch (Day) 29 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept 22/01
9. AGE last birthday 47 yrs. If under 1 year Months 6 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (State or foreign country) Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? Balto Co.

13. FATHER'S NAME Wm. C. Castell
14. MOTHER'S MAIDEN NAME John S. Irwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John S. Irwin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

158
46 h

Immediate cause (a) Adeno-carcinoma of abdominal mesentery — 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ascites

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 1948
19b. MAJOR FINDINGS OF OPERATION multiple tumors of mesentery
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1948, to Mar, 1949, that I last saw the deceased alive on 3-28, 1949, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE Maxwell H Mund (Degree or title) M.D. ADDRESS 417½ Eastern Ave, Essex, Md DATE SIGNED 3-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 31-49
NAME OF CEMETERY OR CREMATORY Fairmount Md
LOCATION (City, town, or county) (State) Blair Md.

DATE REC'D BY LOCAL REG. 3/30/49
REGISTRAR'S SIGNATURE A. W. Hedrick Dm
24. FUNERAL DIRECTOR J. O. Mitchell & Son. ADDRESS 1900 Eutaw Pl.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

BC

CERTIFICATE OF DEATH

Reg. Dist. No. 024018

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Presbyterian Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: ~~Baltimore~~

City or town: ~~Towson~~ Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: ~~Presbyterian Home~~ 517 Orkney Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Mary C. Janney

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 3, 1862

8. AGE:

Years	Months	Days	If less than one day
87	1	24	hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: nurse -- retired

11. Industry or business:

FATHER
12. Name: William Warder Janney
13. Birthplace: Phila., Pa.

MOTHER
14. Maiden name: Marion E. Dean
15. Birthplace: Baltimore, Md.

16. Informant: T. E. Elliott, Supt.
Address: Presbyterian Home, Towson, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof: March 29, 1949 (month) (day) (year)

Cemetery or crematory: Greenmount

Location: Baltimore, Md.

18. Funeral director: John D. Mitchell & Sons, Inc.
Address: 1900 Eutaw Place, Balto., Md.

19. Mar. 29, 1949 (Date rec'd by registrar) W. Carroll Van Horn, Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 27, 1949, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1949, to Mar 25 1949 and that I last saw her alive on Mar 25 1949

Immediate cause of death	DURATION
apoplexy	2 hours
Due to: Arterio-Sclerosis	
Due to: Hypertension	weeks
334	
Other conditions: 83a	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John Green Jr. M.D. M. D. or other

Address: 38 Allegheny Ave., Towson 4 Date signed: 3/29/49

Dr. John E. Green Jr.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02402

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (In this place) 12 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Fort Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 328 - 20-1/2 St.,

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-1-1889

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Johnson

14. MOTHER'S MAIDEN NAME: Elizabeth (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin. Rec. Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 Immediate cause (a) Carcinoma of islets of pancreas with metastasis to regional lymph nodes and liver — Interval between onset and death: Unknown

46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17-, 1949, to 3-1-, 1949, that I last saw the deceased alive on 3-1-, 1949, and that death occurred at 7:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. Manaugh
H.C. MANAUGH, M.D. CHIEF PRO. SERVICES VAH, FORT HOWARD, M.D. 3-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-7-49 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3-3-49 — REGISTRAR'S SIGNATURE: A. W. Medick MD

24. FUNERAL DIRECTOR: Elroy Wilson, — ADDRESS: Balto.,Md.

Dr. Bacon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02403

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2614 Hillcrest Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2614 Hillcrest Avenue

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Karow

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowedd

8. DATE OF BIRTH: Apr. 15, 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Gemrnay

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Feshel

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Elsie Voelkel, 2614 Hillcrest Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Heart block — Interval between onset and death: 14 days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis - hypertension — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 14, 1949, to Mar. 26, 1949, that I last saw the deceased alive on Mar 26, 1949, and that death occurred at 3.50P m., from the causes and on the date stated above.

SIGNATURE: A. M. Bacon (Degree or title) M.D. ADDRESS: 2810 Taylor Ave. DATE SIGNED: Mar. 27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-29-49 — NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3/27/49 — REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

VS. A15

RECEIVED
MAR 29 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC 02404

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY: Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28, Md. | LENGTH OF STAY (in this place): 12yr 5mos 27da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital Catonsville 28, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1724 N. Charles Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Mooth)	(Day)	(Year)
ELIZABETH		KAY	3	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Mio.
female	white	widow	7/16/1877	71 yrs.	8	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, eveo if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreigo country)	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis Peters	Marguerite Burkhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		none	Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar pneumonia, rtlower lobe; left lung	12 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the pancreas with extension to pyloric antrim (scirrhus)	Indefinite
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditioos cootributiog to tho death but not related to the disease or coodition causing death.		

157

469

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Mooth)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1936, to 3/22, 1949, that I last saw the deceased alive on 3/22, 1949, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Isadore Tuerk, M. D., Catonsville 28, Maryland DATE SIGNED 3/22/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/25/49	Loudon Park cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/23/49	A. W. Hedrick	HENRY SANDER & SONS, INC	BALTIMORE - 13, MARYLAND

2/

02405

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 21
LENGTH OF STAY (in this place) 6 yrs.
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS 38 Crofton Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Viola (Middle) Taylor (Last) Keener

4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-16-14
9. AGE last birthday 34 yrs. If under 1 year: Months 2, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Milton H Taylor
14. MOTHER'S MAIDEN NAME Annie B. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Thomas P. Keener

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myeloid Leukemia — 16 months

204.1 Antecedent cause(s) —

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to March 13, 1949, that I last saw the deceased alive on March 2, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE Jerry J. Farber M.D. (Degree or title) ADDRESS 11 E Chase St. Balt. 2. DATE SIGNED 3.13.49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 3-14-49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) ~~Morgantown~~ MASONVILLE, W. Va.

DATE REC'D BY LOCAL REG. 3/14/49
REGISTRAR'S SIGNATURE J G Connelly Dep. L.R.
24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

02406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh
STREET ADDRESS (If rural, give location) Red Lion Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
G.	Elmer	Keithley	March	10th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Oct. 31st, 1900	48 yrs.	4	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Storekeeper		Harford County, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George T. Keithley	Ollie George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs. G. Elmer Keithley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ruptured Esophageal Varix & Hemorrhage	15 min.
581.1 Antecedent cause(s)	(b) Portal Cirrhosis (of the liver) and	6 months
1240 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Hepatitis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
November 1948	Portal Cirrhosis & ch. Hepatitis	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 11/2, 1948, to March 10, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Clifford F. Hudson, M.D.		March 11, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/14/49	Bakers Methodist	Harford Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/14/49	A. W. Medrick MD	Lassahn Funeral Home	7401 Belair Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12417

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 134 N. Castle Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NEWTON	A.	KELLY	March	16,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	2-12-02	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Newton Kelly
14. MOTHER'S MAIDEN NAME: Marie Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY No. unknown
17. INFORMANT: Clin.Rec. Vets.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002
13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7- , 1949 , to 3-16- , 1949 , that I last saw the deceased alive on 3-16- , 1949 , and that death occurred at 9:25 A. m., from the causes and on the date stated above.

SIGNATURE H.C. MANAUGH, M.D. (Degree or title) Chief Pro. Ser. ADDRESS VAH, Ft.Howard, Md. DATE SIGNED 3-16-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-16-49		Still Pond, Md.

DATE REC'D BY LOCAL REG. 3-16-49
REGISTRAR'S SIGNATURE John L. Connelly

24. FUNERAL DIRECTOR ADDRESS
Howard,Blight, 6009 Harford Rd.,Balto.,Md.
Howard N. Blight Jr. 6009 Harford Road

RECEIVED
APR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02408

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 369 Nicholson Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Kesmodel

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-21-1868

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days 20. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Crown Cork & Seal

11. BIRTHPLACE (State or foreign country): Balto. - Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Henrietta Kesmodel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 hour

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - Arteria-Sclerosis — Interval Between Onset and Death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED Whilo at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to March 13, 1949, that I last saw the deceased alive on March 13, 1949, and that death occurred at 6 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): M. A. Jacobs MD — ADDRESS: 617 North Point Rd — DATE SIGNED: 3/15/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/16-49 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG: 3/15/49 — REGISTRAR'S SIGNATURE: J. Connelly Dep. L.R. — 24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: Essex

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02409

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stemmers Run
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunnyside Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stemmers Run
STREET ADDRESS (If rural, give location) Sunnyside Road

3. NAME OF DECEASED (Type or Print) (First) James (Middle) B. (Last) Kirwan
4. DATE OF DEATH (Month) 3 (Day) 17 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 29 1891
9. AGE last birthday 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Francis R. Kirwan
14. MOTHER'S MAIDEN NAME Emily R. Joseph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W. W. I
16. SOCIAL SECURITY NO.
17. INFORMANT Albert R. Kirwan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Immediate

94a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 17 1949, to ....., 19....., that I last saw the deceased alive on Dead on arrival, 19....., and that death occurred at 6:45 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) R. McCarmine M.D.
ADDRESS Deputy Medical Examiner Balto Co. Dundalk 22 Md
DATE SIGNED 3/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/21/49
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. March 19th 1949
REGISTRAR'S SIGNATURE A. W. Roe Aldrich
24. FUNERAL DIRECTOR George A Farley
ADDRESS Catonsville Md.

02410

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3103 E. Preston St.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Eaton (Last) Kone
4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1/28/1889
9. AGE last birthday 60 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Heiner
14. MOTHER'S MAIDEN NAME Mary Eckert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Kenneth G. Eaton - Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uterine Hemorrhage	3 days
174 Antecedent cause(s)		
48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Uteris	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1946
19b. MAJOR FINDINGS OF OPERATION Carcinoma
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1947, to 3-14, 1949, that I last saw the deceased alive on 3-13, 1949, and that death occurred at 9A m., from the causes and on the date stated above.

SIGNATURE James G. Howell (Degree or title) ADDRESS Catonsville DATE SIGNED 3/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-18-49
NAME OF CEMETERY OR CREMATORY Meadowridge
LOCATION (City, town, or county) Elkridge (State) Md.

DATE REC'D BY LOCAL REG. 3/16/49
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR George A. Farley - Frederick & Shadynook Ave. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12411

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3317 Brighton Street

3. NAME OF DECEASED (Type or Print) (First) ANASTASEOS (Middle) KREARS (Also known as) (Last) THOMAS KREARAS

4. DATE OF DEATH (Month) March (Day) 12, (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 18, 1889

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Man

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Eugene Anastaseos

14. MOTHER'S MAIDEN NAME Madolin Grayfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Clin. Rec. VAH, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis, Hypertension & Arteriosclerosis	Unknown
	(c)	

592
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11-, 1949, to 3-12-, 1949, that I last saw the deceased alive on 3-12-, 1949, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE H.C. MANAUGH, M.D. (Degree or title)

ADDRESS Chief Pro. Services VAH, Ft. Howard, Md.

DATE SIGNED 3-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Buried

DATE THEREOF 3-16-49

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REG. 3/15/49

REGISTRAR'S SIGNATURE A. W. Hallock

24. FUNERAL DIRECTOR Frederick Cole,

ADDRESS Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02412

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 11 mos. 5 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 204 West Franklin Street

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) G. (Last) Kuhn

4. DATE OF DEATH: (Month) Mar. (Day) 21 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 5-20-1867

9. AGE last birthday: 81 yrs. If under 1 year: Months 10 Days 1 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Shipping

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Kuhn

14. MOTHER'S MAIDEN NAME: Matilda Rodawald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Hospital records, Catonsville-28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arteriosclerotic heart disease — indefinite

443 Antecedent cause(s)

T3d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cardiovascular disease — "

(c) Cardiac dilatation — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease — "

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 1948, to 3-21, 1949, that I last saw the deceased alive on 4-16, 1948, and that death occurred at 4:10 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk M.D. (Degree or title) ADDRESS Isadore Tuerk, M.D., Clinical Director, Catonsville-28, Md. DATE SIGNED 3-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3/24/49 | NAME OF CEMETERY OR CREMATORY Western | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3/22/49 | REGISTRAR'S SIGNATURE A.W. Hodnett | 24. FUNERAL DIRECTOR Wm Cook Inc. | ADDRESS 1217 St. Paul St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02413

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3408 Ravenwood Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	L.	KURTZ	March	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	2-1-98	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Income Tax Division	Same	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lawrence Kurtz	Bertha Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW I	unknown	Clin.Rec.Vets. Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL HEMORRHAGE, RIGHT	2 days
443 Antecedent cause(s)		
938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-vascular Disease	10 yrs.plus
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 3-14, 1949, to 3-16, 1949, that I last saw the deceased alive on 3-16, 1949, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: V.A.H. FT. HOWARD, MD. DATE SIGNED: 3-16-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 21, 1949	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/17	[signature]	Joseph J. Herr & Sons	Baltimore, Md.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02414

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea, Md. — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 7305 Belair Rd.

3. NAME OF DECEASED (Type or Print)	(First) LYDIA	(Middle) M.	(Last) LASSAHN	4. DATE OF DEATH	(Month) March	(Day) 15th	(Year) 1949
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: Jan. 11th, 1867	9. AGE last birthday: 82 yrs.	If under 1 year: Months 2, Days 4	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Baltimore County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: August Adal Wirsing	14. MOTHER'S MAIDEN NAME: Fredericka Fabig						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Miss Ruth Lassahn					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	10 min
420.1 Antecedent cause(s)	(b) Arteriosclerotic Cardiovascular Disease	30 yr
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1948, to Mar 15, 1949, that I last saw the deceased alive on Mar 12, 1949, and that death occurred at 9:45 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Adam J. Swiss	MD	6232 Belair Rd, Balto 6, Md	Mar 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE: 3/18/49	NAME OF CEMETERY OR CREMATORY: Immanuel	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 3/17/49	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: Lassahn Funeral Home	ADDRESS: 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02415

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 23das-3mos-3yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3 North Eden Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H (Last) Lennon Sr.

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 3-31-1862

9. AGE last birthday: 86 yrs. If under 1 year: Months 11 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): die maker - machinist

10b. KIND OF BUSINESS OR INDUSTRY: Machine

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Lennon

14. MOTHER'S MAIDEN NAME: Lucy A. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO. --

17. INFORMANT: Hospital records, Catonsville-28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fresh infarct at apex of right ventricle	5 minutes
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	indefinite
	(c) Cardiac hypertrophy	"

443 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Glomerular nephritis — "

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 1945, to 3-18, 1949, that I last saw the deceased alive on 3-18, 1949, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Catonsville-28, Maryland DATE SIGNED 3-18-49

Isadore Tuerk, M.D., Clinical Director, Spring Grove Hospital

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial | DATE 3/21/49 | NAME OF CEMETERY OR ~~CREMATORY~~ Balto | LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. Mar. 19 1949 | REGISTRAR'S SIGNATURE R.W. Lee Hedrick | 24. FUNERAL DIRECTOR Wm Cook Inc. | ADDRESS 217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02416

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 mos. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) ROTH (Last) LENTZ

4. DATE OF DEATH: (Month) March (Day) 27, (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 3, 1890

9. AGE last birthday: 58 yrs. If under 1 year: Months 6 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): paper-hanger

10b. KIND OF BUSINESS OR INDUSTRY: decorating

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis Lentz

14. MOTHER'S MAIDEN NAME: Ella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 5 minutes

420.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic coronary disease — Indefinite

(c) Arteriosclerotic cv. disease — Indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diffuse bronchiectasis bilateral — Indefinite

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 29, 1948, to Mar. 27, 1949, that I last saw the deceased alive on Mar. 27, 1949, and that death occurred at 8:55 P.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) — ADDRESS Catonsville 28, Md. — DATE SIGNED 3/28/49

Isadore Tuerk, M.D.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE 3/31/49 — NAME OF CEMETERY OR ~~CREMATORY~~: Balto — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 3/29/49 — REGISTRAR'S SIGNATURE H.W. Hedrick — 24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02417

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson — LENGTH OF STAY (in this place) 2 yrs. 9 mos. 21 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson San. Mt. Wilson, Md.	STREET ADDRESS (If rural, give location) 1118 S. Bonsal St.

3. NAME OF DECEASED (Type or Print)	(First) Margaret	(Middle) A.	(Last) Lingner	4. DATE OF DEATH	(Month) March (Day) 29, (Year) 19 49
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.	8. DATE OF BIRTH 4/18/09	9. AGE last birthday 39 yrs.	If under 1 year: Months 11, Days 11; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Stevensville, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME John Clendaniel		14. MOTHER'S MAIDEN NAME Lulu Gardner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Margaret A. Lingner			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage; Fatal	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	9 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

002

13 b

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8/46, 19....., to March 29, 19 49 that I last saw the deceased alive on March 29, 19 49 and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stewart S Shaffer M.D.	Supt.	Mt. Wilson, Md.	3/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/31/49	NAME OF CEMETERY OR CREMATORY Stevensville Cem.	LOCATION (City, town, or county) (State) Stevensville, Md.
DATE REC'D BY LOCAL REG. 3/29/49	REGISTRAR'S SIGNATURE Helen R. Mayer	24. FUNERAL DIRECTOR Edgar L. Lane, Church Hill, Md.	ADDRESS

RECEIVED
APR 2 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02418

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 5265 Chapelgate Lane

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) (Last) Livingston

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/30/77

9. AGE last birthday: 71 yrs. If under 1 year: Months 8 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spinster

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Livingston

14. MOTHER'S MAIDEN NAME: Mary Virginia (unknown) Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Amyloid disease of lungs and kidneys	Indefinite
Antecedent cause(s)	with chronic bronchiectasis and osteomyelitis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	"
	(c) Arteriosclerotic cardiovascular renal disease	"

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 26/46, to March 19, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Catonsville, 28, Maryland. DATE SIGNED 3/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-22-49 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Frederick Road, Belto: Md.

DATE REC'D BY LOCAL REG. 3/24/49 — REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: George J. Ruth, Inc. ADDRESS: 1735 Harford Avenue

98

02419

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Cumberland~~ Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Alexandra (Middle) Swayne (Last) Macdonell
4. DATE OF DEATH (Month) March (Day) 10 (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 11-1-38
9. AGE last birthday 10 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Vedado, Habano, Cuba
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Alexander James Macdonell
14. MOTHER'S MAIDEN NAME Martha Holliday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Rosewood St. School Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Status Epilepticus — 9 hrs.

353.2 Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Serial~~ Epilepsy (June 3. 1946) — 2 yrs 9 mos

(c) Left Otitis Media — 36 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hydrocephalus since ~~birth~~ 5 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23, 1945, to 3-10, 1949 that I last saw the deceased alive on 3-10, 1949 and that death occurred at 6:15 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Isabel H. McClintock ADDRESS M.D. Owings Mills, Md. DATE SIGNED Mar. 10. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/10/49
NAME OF CEMETERY OR CREMATORY St Peter's + Pauls Cem
LOCATION (City, town, or county) Cumberland Md. (State)

DATE REC'D BY LOCAL REG. 3-10-49
REGISTRAR'S SIGNATURE Mary B. E. Line.
24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02420

Reg. Dist. No. 41

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 2 Newship Rd.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) W. (Last) Madison

4. DATE OF DEATH: (Month) + 3 (Day) 16 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/28/1879

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred Madison

14. MOTHER'S MAIDEN NAME: Jennie Morrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Leroy W. Madison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 **Immediate cause** (a) Carcinoma of the lung — Interval between onset and death: 3 months

Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1948, to March 16 1949, that I last saw the deceased alive on Mar 16, 1949, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eugene F Neary M.D 7001 Morning Star Rd Dundalk, Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: March 19 1949

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery

LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: March 19-1949

REGISTRAR'S SIGNATURE: W. M. Kelly Jr.

24. FUNERAL DIRECTOR: Roland L. Fisher, Dundalk, Md.

ADDRESS

RECEIVED
MAR 21 1949
BUREAU V. S.

02421

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 7 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) JESSIE	(Middle)	(Last) MAY	4. DATE OF DEATH (Month) March	(Day) 10,	(Year) 1949
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1881	9. AGE last birthday 68 yrs.	If under 1 year Months ? Days ? If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (State or foreign country) Probably England	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Eugene May		14. MOTHER'S MAIDEN NAME Emily Green			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia, left base	48 hours
420.0 Antecedent cause(s)	(b) Arteriosclerotic heart disease	Indefinte
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(c) Decubitus, infected (back buttock)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1949, to Mar. 10, 1949, that I last saw the deceased alive on Mar. 10, 1949, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Isadore Tuck, M.D.		Catonsville 28, Md.	Mar. 11, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE March 14-49	NAME OF CEMETERY OR CREMATORY Glenwood	LOCATION (City, town, or county) (State) W. Washington, D.C.
DATE REC'D BY LOCAL REG. 3/11/49	REGISTRAR'S SIGNATURE V. E. Harry	24. FUNERAL DIRECTOR W. W. Chambers Co,	ADDRESS Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02422

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland. | LENGTH OF STAY (in this place) 76 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland.
STREET ADDRESS (If rural give location) 3 mi W. of Freeland.

3. NAME OF DECEASED (Type or Print): (First) Irven (Middle) Edwin (Last) McCullough.

4. DATE OF DEATH: (Month) March (Day) 27, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 29 1869

9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Farming.

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William I. McCullough.

14. MOTHER'S MAIDEN NAME: Mary Fisher.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Bessie C. McCullough.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 Min.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Mar. 27, 19 49, that I last saw the deceased alive on ....., 19....., and that death occurred at 9 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. M. Freeman M.D. | ADDRESS Parkton Md | DATE SIGNED 3/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF March 29/949 | NAME OF CEMETERY OR CREMATORY Mt. Carmel | LOCATION (City, town, or county) (State) Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 3/29/49 | REGISTRAR'S SIGNATURE Charles L Snellman

24. FUNERAL DIRECTOR | ADDRESS Jacob Hartenstein, New Freedom Pa.

RECEIVED
APR 6 1949
BUREAU T. S.

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02422

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Box 131 Route 14 Balto 20
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) L. (Last) McGarity

4. DATE OF DEATH (Month) 3 (Day) 24 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 4-11-88

9. AGE last birthday 60 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tenna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — Leighton

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT H. F. Hockley.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	7 -
420.1 Antecedent cause(s)	(b) Chronic Myocarditis	—
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE N B Davis MD (Degree or title) Dept Med. Exam. ADDRESS Dundalk 22 Md DATE SIGNED 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE 3/26/49 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 3/26/49 REGISTRAR'S SIGNATURE John G Connelly

24. FUNERAL DIRECTOR John G Connelly ADDRESS Essex 21 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1949
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02420

Reg. Dist. No. 4/4

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgemere, Sparrows Point
STREET ADDRESS (If rural, give location): 2509 Pac Lane

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Anna S. McMullen
4. DATE OF DEATH (Month) (Day) (Year): March 29, 1949
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 1871
9. AGE last birthday: 77 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Coleman
14. MOTHER'S MAIDEN NAME: Mary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr Vincent G. McMullen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.8 Immediate cause (a) Cardiac Failure due to inanition — 2 days

55e Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized carcinomatosis — indef.

(c) Origin of carcinoma not determined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1949, to 3-29, 1949, that I last saw the deceased alive on 3-28, 1949, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE: Robert E. Farber (Degree or title) M.D. ADDRESS: Sparrows Point, Md DATE SIGNED: 3-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: April 1, 1949
NAME OF CEMETERY OR CREMATORY: Sacred Heart
LOCATION (City, town, or county) (State): Williamstown, Pa.

DATE REC'D BY LOCAL REG.: Mar 29-49
REGISTRAR'S SIGNATURE: Dawson L. Farber
24. FUNERAL DIRECTOR: Roland L. Fisher, Dundalk, Md.
ADDRESS:

RECEIVED
APR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 02425

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 38 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Ft. Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2005 Poplar Grove St.

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) J. (Last) MENNEN

4. DATE OF DEATH (Month) March (Day) 1 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-3-12
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert Mennen
14. MOTHER'S MAIDEN NAME Margaret Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY No. 212-03-8278 ~~Unknown~~
17. INFORMANT Clin.Rec. VAH, FT. HOWARD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF LUNGS, PLEURA, LYMPH NODES AND BONES ORIGIN UNDETERMINED.	8 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

196x
47d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22, 1949, to 3-1-49, 19....., that I last saw the deceased alive on Mar. 1, 1949, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE Paul O. Anderson (Degree or title) ADDRESS DATE SIGNED
PAUL O. ANDERSON, M.D. VAH, Fort Howard, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/4/49
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/3/1949
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Howard N. Blight Jr. ADDRESS 6009 Harford Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02426

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 45 yrs 11 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills Catonsville
STREET ADDRESS (If rural give location) Rosewood State School Paradise

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Blanche (Last) Mettee

4. DATE OF DEATH: (Month) March (Day) 19. (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 24. 1884

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Chas. A. Mettee

14. MOTHER'S MAIDEN NAME: Anastasia ~~Smith~~ Smick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: State Rosewood School Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis.	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hyperpiesis.	3 mos+
	(c) Chronic Hypertensive Myocarditis	3 mos+

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1. 1935, to Mar 17. 1949, that I last saw the deceased alive on Mar. 17. 1949, and that death occurred at 9.40 p.m., from the causes and on the date stated above.

SIGNATURE: Isabel H. Mc Clinton (Degree or title) M.D. ADDRESS: Rosewood School. Owings Mills Md. DATE SIGNED: Mar 24 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Mar. 22-1949

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore - Maryland

DATE REC'D BY LOCAL REG. 3/21/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Stewart & Mowen Company

ADDRESS: 108 W. North Av. Balto. - 1 - Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

012427

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7806 Oak Ave	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural, give location) 7806 Oak Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jost		Miller	3	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	married	Sept 26, 1861	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Dairy	Germany	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Mary Miller. 7806 Oak Ave. Parkville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
592 Immediate cause	(a) Broncho Pneumonia	3 days
	Uraemia	5 days
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Arteriosclerosis — Hypertension	14 yr
	(c) Chronic Interstitial Nephritis	14 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Enlarged Prostate	14 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 30, 1948, to Mch 30, 1949, that I last saw the deceased alive on Mch 29, 1949, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
I. A. Strauss M.D.	2878 Harford Rd	3 30 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/2/49	Greenmount Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/31/49	A. B. Hedrick Dr.	Howard N. Blight & Son	6009 Harford Rd. Balto-Md

7878 Hartford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02428

BC

Reg. Dist. No. 21

1. PLACE OF DEATH:
County 3717 Croydon Rd.
City or town Roslyn, Balto. Co. Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? four weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto. City,
City or town
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2706 W. Rogers Ave.,
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME Julia M. Miller

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Widow

6.(b) Name of husband or wife Harry R. Miller
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 11, 1877

8. AGE: Years	Months	Days	If less than one day
71	9	16	..... hrs. ..... min.

9. Birthplace St. Mary's, Penna.
(Town, county, and state)
10. Usual occupation Housewife,
11. Industry or business at home

FATHER
12. Name John Bernard Forster,
13. Birthplace Germany

MOTHER
14. Maiden name Julia Rose Weidenboerner,
15. Birthplace Germany

16. Informant Mrs. J. S. Bucher,
Address 3717 Croydon Rd.

17. burial Date thereof Mar. 30, 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Druid Ridge Cem.
Location Baltimore County, (Pikesville)

18. Funeral director C. Vernon Lemmon.
Address 4611 Pk. Hgts. Ave., Balto. Md.

19. 3/28 19 49 A.W. Hedrick Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1949, at 1.15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept - 22 19 48 to 3/27 19 49 and that I last saw her alive on March 27 19 49

Immediate cause of death	DURATION
(1) Primary Carcinoma of liver	9 months?
Due to	
Due to 155, 462	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation None Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Earl L. Chambers M. D. or other
Address 4108 Liberty Hgts. Date signed 3/ /49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Li. ~~7525~~
7525

02429

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Glenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural, give location) 18 Glenwood Ave.

3. NAME OF DECEASED (Type or Print) (First) Maria (Middle) Francis (Last) Miller

4. DATE OF DEATH (Month) March (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 6, 1876
9. AGE last birthday 72 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Cornelius Teston
14. MOTHER'S MAIDEN NAME Barry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Cecilia Boorts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pulmonary Oedema	3 days
334 Antecedent cause(s)	(b)	Cerebral Accident	2 Months
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	Arteria Sclerosis, Hypertension	2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1949, to Mar 27, 1949, that I last saw the deceased alive on 3/15, 1949, and that death occurred at 3:40 a. m., from the causes and on the date stated above.

SIGNATURE James H. Katzenberger (Degree or title) ADDRESS 721 Medical Arts Bldg DATE SIGNED 3/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/23/49
NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REG. 3/23/49
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Edward L. MacNabb, ADDRESS Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 24 1949
BUREAU V. S.

CERTIFICATE OF DEATH

Registered No. 12430

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Francis Edward Moore — 2. DATE OF DEATH: March 19-49

3. PLACE OF DEATH: A. Baltimore City, Maryland Towson Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

C. Length of stay in Baltimore: 8 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 1511 Joppa Rd-
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 1511 Joppa Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W		May 3-1857	91		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Whitesville N.Y	

13. FATHER'S NAME: Andrew Moore

14. MOTHER'S MAIDEN NAME: Bridget Cleary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Margaret Moore — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure — DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 420.0 93d

(B) Arterio-sclerotic heart disease — DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/1, 1949, *to* 3/19, 1949 *that I last saw the deceased alive on* 3/19, 1949, *and that death occurred at* 11:0 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Gordon Gross M. D.	8523 York Roads Blvd	3/19/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	May 24-49	St Marys	Bolivar N. Y.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAY 20 1949	Alex Goodwin	Jos J Herr & Son	

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02431

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 59 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3802 Biddison Lane

3. NAME OF DECEASED (Type or Print): (First) ELBERT (Middle) LEE (Last) MORTIMORE

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/22/97

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Turn Foreman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gifford, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charlie Mortimore

14. MOTHER'S MAIDEN NAME: Laura Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW-I (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Clinical Records, Vet. Adm. Hosp. Fort Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Multiple emboli probably from mural thrombus	13 hours
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease with auricular fibrillation	1½ years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1949, to Mar. 25, 1949, that I last saw the deceased alive on Mar. 25, 1949, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FT. HOWARD, MD. 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/28/49 — NAME OF CEMETERY OR CREMATORY: Balto. National — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: March 26th 1949 — REGISTRAR'S SIGNATURE: R.W. A. W. Medicl

24. FUNERAL DIRECTOR / ADDRESS: Ruck's Funeral Home 5303-09 Harford Rd. Baltimore 14, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02432

Reg. Dist. No. 35

1. PLACE OF DEATH:

County: Baltimore

City or town: Parkville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 7814 Old Harford Rd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore County (If outside city or town limits, write RURAL and give nearest town)

Street No.: 7814 Old Harford Road (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Anna Mrazek

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6.(b) Name of husband or ~~XX~~ Bohumil Mrazek

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): February 2, 1860

8. AGE: Years: 89 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Czechoslovakia (Town, county, and state)

10. Usual occupation: housewife

11. Industry or business:

FATHER
12. Name: Spirek
13. Birthplace: Czechoslovakia

MOTHER
14. Maiden name: Marie Saloch
15. Birthplace: Czechoslovakia

16. Informant: Mrs. Anna Neuman - daughter

Address: 7814 Old Harford Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/3/49 (month) (day) (year)

Cemetery or ~~crematory~~ Oak Hill Cemetery

Location: Horner's Lane, Baltimore, Md.

18. Funeral director: Schimunek Funeral Home, Inc.

Address: 2601-3-5 E. Madison St.,

19. 4/1 (Date recd by registrar) 1949 A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: MARCH 31, 1949 at 8 05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1949 to March 31 1949 and that I last saw her alive on March 30 1949

Immediate cause of death: Cerebral Hemorrhage Artenosclerotic Cardio-Vascular Disease

Due to: 422.1

Due to: 50

Other conditions: Carcinoma of breast.

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma

Date of op.: 1947

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles V. Sevaigne M. D. or other

Address: 3601 Ailsa Ave Date signed: 3/31/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

02433

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, ; LENGTH OF STAY (in this place) 14yr 5mo 11da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville 28, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine, Maryland; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maude	Manning	Mudd	3	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
female	white	married	1902/10/4	46 yrs.	4	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Domestic	Maryland	

13. FATHER'S NAME: Lee Manning

14. MOTHER'S MAIDEN NAME: Juliana Hatter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolus	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cellulitis, left leg	2 weeks
	(c) Thromo-phlibitis, left leg	Indefinite

463
1000

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June 27, 1935, to Mar. 24, 1949, that I last saw the deceased alive on Mar. 24, 1949, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Catonsville 28, Md. DATE SIGNED 3/24/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	March 24, 1949	Christ Church Cemetery	Accokeek, P.G. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/24/49	W E Harry	J. Arthur Walters, 254 Carroll Pl. NW. Wash. 12, DC.	

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02434

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3030 Woodside Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3030 Woodside Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph		Nagler	March	31	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	Nov. 30, 1867	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Nagler

14. MOTHER'S MAIDEN NAME: Sophia Wermuth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Rose Reidmaier, 3030 Woodside Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure and Diabetis	12 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerotic vascular disease	
422.1 / 93d	(c) senility	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 1948, to March 31, 1949, that I last saw the deceased alive on March 31, 1949, and that death occurred at 4:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. E. Gonzalez	M. D.	8304 Harford Road	April 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-4-49	Western	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/2/49	G. M. Bacon	Leonard J. Ruck,	5305 Harford Road.

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02435

Reg. Dist. No. 33

Etta Mae Naylor

1. PLACE OF DEATH:
County: Balto Co
City or town: Glyndon (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Balto
City or town: Glyndon (If outside city or town limits, write RURAL and give nearest town)
Street No. Butler Rd (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Etta May Naylor

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife: Andrew J Naylor
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 9-3-1895

8. AGE: Years	Months	Days	If less than one day
53	5	15	____ hrs. ____ min.

9. Birthplace: Upperco, Balto Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home
12. Father's Name: Dixon Rhoten
13. Father's Birthplace
14. Mother's Maiden name: Frances Turnbaugh
15. Mother's Birthplace
16. Informant: Andrew J. Naylor
Address: Glyndon, Butler Rd, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-20-49 (month) (day) (year)
Cemetery or crematory: Pleasant Grove
Location: Upperco, Md.
18. Funeral Director: J. Scott Brooks
Address: Sparks, Md
19. 3-19-1949 (Date rec'd by registrar) Mary B. Elmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-18-49, 19____, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____ to 3-18-49 19____ and that I last saw h[illegible] alive on 3-18-49 19____

Immediate cause of death	DURATION
Acute dilatation of heart	1/2 hour
Due to: hypertension	10 years
Due to: arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____
Autopsy results: ____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: James G Saffell M. D. or other
Address: Reisterstown Md. Date signed 3/19/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 21 1949
BUREAU V. S.

02436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevenson
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stevenson & Halycon Roads

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevenson
STREET ADDRESS (If rural give location) Stevenson & Halycon Roads

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) May (Last) Naylor
4. DATE OF DEATH (Month) March (Day) 7 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Oct. 29, 1875
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John T. Agner
14. MOTHER'S MAIDEN NAME Susan Hines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ---
17. INFORMANT Merlin E. Naylor Stevenson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis -	96 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis generalized.	3 months
	(c)	

332
83b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old age.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1949, to March 7, 1949, that I last saw the deceased alive on March 6, 1949, and that death occurred at 9:25 A.m., from the causes and on the date stated above.

SIGNATURE Egbert L. Mortimer (Degree or title) Jr Med ADDRESS 2706 St Paul St DATE SIGNED 3/8/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 10, 1949
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Pikesville, Maryland
DATE REC'D BY LOCAL REG. 3-9-49
REGISTRAR'S SIGNATURE A W Hedrich
24. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Will call back

Dr. Mortimer
2706 St Paul St
2-4

Dr. Grott

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02437

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Carney — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9624 Harding Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carney
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 9624 Harding Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E. (Last) NAYLOR

4. DATE OF DEATH: (Month) Mar. (Day) 2, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Apr. 12, 1894

9. AGE last birthday: 54 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Naylor

14. MOTHER'S MAIDEN NAME: Florence Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Charles Dayhoff, 9624 Harding

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute pulmonary edema — Interval between onset and death: 2 days

442 Antecedent cause(s)

13/a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio sclerotic hypertension

(c) cardiovascular renal disease — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1947, to Mar. 2, 1949, that I last saw the deceased alive on Mar. 2, 1949, and that death occurred at 4 10/p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Harold A. Grott, M.D. — 8100 Harford rd — 3/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-5-49 — NAME OF CEMETERY OR CREMATORY: Moreland Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/4/49 — REGISTRAR'S SIGNATURE: W. D. Nedrich MD

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 02438

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) ?	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS On arrival to Spring Grove State Hospital	STREET ADDRESS (If rural give location) 605 Primson St ✓

3. NAME OF DECEASED (Type or Print) (First) Nixon (Dickerson) (Middle) - Grace (Last)			4. DATE OF DEATH (Month) 3 - (Day) 23 (Year) 1949			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 1870?	9. AGE last birthday 79 yrs.	If under 1 year Months ? Days ?	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME dont know			14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT Hospital records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

422.1 Antecedent cause(s)

9sd Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4-15P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo S McKieffer	Mp Deep Med Exam Balt Co	1010 Leeds ave	3-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4-13-49	NAME OF CEMETERY OR CREMATORY Spring Grove State Hosp.	LOCATION (City, town, or county) (State) Catonsville 28, Md.
DATE REC'D BY LOCAL REG. 4/13/49	REGISTRAR'S SIGNATURE V. E. Harry	24. FUNERAL DIRECTOR Spring Grove Hospital, Catonsville, Md.	ADDRESS

RECEIVED
APR 16 1949
BUREAU V. S.

(185) 02439

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 40. N. of Ebenezer Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural give location) 3021 Dillon St.

3. NAME OF DECEASED (Type or Print) (First) Wactaw (Middle) (Last) Nowocki
4. DATE OF DEATH (Month) Mar (Day) 4 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH ABT 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT John Nowocki

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Crushed skull, crushed chest both sides — Immediate

170c Antecedent cause(s) Fracture multiple rt ankle

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Left leg above ankle severed.

(c) Auto accident.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street. (CITY OR TOWN) Middle River (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 4 1949 9:45 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Automobile accident. Pedestrian

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on D. O. A 3/4/49, 19....., and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. M. Carmine MD. ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 3/4/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 8, 1949
NAME OF CEMETERY OR CREMATORY St. Stanislaus
LOCATION (City, town, or county) (State) Dundalk Ave. Balto. Md.

DATE REC'D BY LOCAL REG. 3-5-49
REGISTRAR'S SIGNATURE John G. Connelly
24. FUNERAL DIRECTOR John J. Hudson ADDRESS 2829 Hudson St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02440

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp. Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3319 Noble Street

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) OLIPHANT

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-8-90

9. AGE last birthday: 58 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph B.

14. MOTHER'S MAIDEN NAME: Barbara Gruber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 220-05-9284

17. INFORMANT: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval Between Onset and Death: 3 years plus

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20-49, 1949, to 3-20-, 1949, that I last saw the deceased alive on 3-20-, 1949, and that death occurred at 9:22 A.m., from the causes and on the date stated above.

SIGNATURE: V. F. Sciulio (Degree or title) M.D.

ADDRESS: VA Hospital Fort Howard Md.

DATE SIGNED: 3-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar. 24-49 — NAME OF CEMETERY OR CREMATORY: Balto. National Cem. — LOCATION (City, town, or county) (State): Frederick Rd. Md.

DATE REC'D BY LOCAL REG. 3/21/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: John A. Miller — ADDRESS: 2334 Jefferson St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 02441

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 517 South Caroline Street

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Ortega

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 10/13/18

9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Ross

14. MOTHER'S MAIDEN NAME: Lena Silate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 Immediate cause (a) Diabetic Acidosis with uremia — Interval between onset and death: 24 hours

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2nd 19 49, to March 25 19 49, that I last saw the deceased alive on March 25, 19 49 and that death occurred at 5:40 Pm., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry C. A. Mead, M. D. — ADDRESS: Catonsville, 28, Md. — DATE SIGNED: 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 3/29/49 — NAME OF CEMETERY OR CREMATORY: BALTO. CEM. — LOCATION (City, town, or county) (State): BALTO. MD.

DATE REC'D BY LOCAL REG.: 3/28/49 — REGISTRAR'S SIGNATURE: A W Heduet Sr — 24. FUNERAL DIRECTOR: Lilly & Zeiler — ADDRESS: 403 S. Wolfe St.

VS. A15

02442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

EVIDENCE FOR CHANGE OF AGE IS ON: FILM # G119 4-8-49 A.

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: Baltimore County

County ~~Cathleen~~ 211 Morton Court

City or town Turner Station Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Turner Station Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 211 Morton Court Sollers Homes

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Cathleen Hammond or Cathleen Parker

3.(b) Social Security Number

4. Sex: Female

5. Color or race: Col.

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 4-8-1922

8. AGE: Years 26 ~~22~~ | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Halethrop Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Julias Parker
13. Birthplace

MOTHER
14. Maiden name Virgie Chambers
15. Birthplace 211 Morton Court

16. Informant Virgie Chambers

Address 211 Morton Court

17. Burial (Burial, cremation, or removal, Which?) Date thereof 4-2-49 (month) (day) (year)

Cemetery or crematory Mt. Calvery Cem.

Location Brooklyn Md A.A. Co. Md

18. Funeral director Elroy E. Wilson

Address 1000 Brantly Ave.

19. 4/1 19 49 (Date rec'd by registrar) A.W. Hedrick Dr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28-49 19 ... at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 48 to March 19 49 and that I last saw her alive on 3-28 19 49

Immediate cause of death Pulmonary tuberculosis

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE Arthur L. Jenson Jr. MD M. D. or other

Address ... Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02443

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE-CO MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3705 Delverne Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): KATHERINE VIRGINIA PARKER

4. DATE OF DEATH (Month) (Day) (Year): 3/23/49 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 1, 1866

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Kreamer

14. MOTHER'S MAIDEN NAME: Mary E. Ruff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: 3705 Delverne Rd. Mrs. Marguerite Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset and Death: 2 yrs -

Antecedent cause(s) 422.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Generalized Arteriosclerosis - — 30 yrs -

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 48, to March 23 49, that I last saw the deceased alive on 3/22 49, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas L. Worsley Jr M.D. 3900 Alameda Blvd 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3/26/49

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: March 24 1949

REGISTRAR'S SIGNATURE: R. W. A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC. BALTIMORE - 13, MARYLAND

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

012444

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp. Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 4108 Walrad Street

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) A. (Last) PHIPPS

4. DATE OF DEATH: (Month) March (Day) 18, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-16-94

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Phipps

14. MOTHER'S MAIDEN NAME: Estelle Kaywood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: 212-09-8576 Unknown

17. INFORMANT: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Unknown

002
13A

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14-, 1949, to 3-18-, 1949, that I last saw the deceased alive on 3-18-, 1949, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jack Morrow, M.D. — ADDRESS: V.A.H. FT. HOWARD, MD. — DATE SIGNED: 3-18-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/21/49 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/21/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight, 6009 Harford Rd. Balto., Md.

Howard N. Blight & Co. 6009 Harford Rd.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02445

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 31 Bloomsbury Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Herbert (Last) Pierpoint

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-27-1881

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Howard County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles V. Pierpoint

14. MOTHER'S MAIDEN NAME: Mary Jane Robier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-09-4885

17. INFORMANT: Mrs. Melva W. Pierpoint

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of colon with massive abdominal metastases — 1 year +

153 Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Feb, 19 49, to 3 Mar., 19 49, that I last saw the deceased alive on 2 March, 19 49, and that death occurred at 8.45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John A. Nesbitt, Jr. 20 E. Preston St Baltimore 2 Md 5 Mar. 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 3-7-49; NAME OF CEMETERY OR CREMATORY: St. John's; LOCATION (City, town, or county) (State): Ellicott City Md

DATE REC'D BY LOCAL REG. 3/6/49

REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: F.C. Higinbothom ADDRESS

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02446

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28, Md.
LENGTH OF STAY (in this place): 6 mos. 10 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY: 2125 Lindhurst Avenue, Baltimore, Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Maryland
STREET ADDRESS (If rural give location): 2125 Lindhurst Avenue, Baltimore, Md.

3. NAME OF DECEASED (Type or Print): (First) Maggie L. (Middle) (Last) Provost

4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 11/10/1865

9. AGE last birthday: 83 yrs. — If under 1 year: Months 4, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Hume

14. MOTHER'S MAIDEN NAME: Sarah Seconlon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	4 days
Antecedent cause(s)		
422.1 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	indefinite
	(c) Myocardial insufficiency	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1948, to 3/20, 1949, that I last saw the deceased alive on 3/20, 1949, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk, M.D. (Degree or title) — ADDRESS: Isadore Tuerk, M. D., Spring Grove Hospital, Catonsville 28, Md. — DATE SIGNED: 3/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-23-49 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county): Baltimore — (State): Md.

DATE REC'D BY LOCAL REG.: Mar 22, 1949 — REGISTRAR'S SIGNATURE: A. W. Kedrick — 24. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3207 W. North Ave.,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

02447

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2912 Willoughby Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville - Rural Baltimore
STREET ADDRESS (If rural give location) 2912 W. Willoughby Rd

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) Quasney (Last) Jr.
4. DATE OF DEATH (Month) Mar (Day) 21 (Year) 49

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify) married | 8. DATE OF BIRTH 2/20/24 | 9. AGE last birthday 25 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman | 10b. KIND OF BUSINESS OR INDUSTRY Waverly Press | 11. BIRTHPLACE (State or foreign country) Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Quasney, Sr. | 14. MOTHER'S MAIDEN NAME Edna Lulay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES. (If year, give war or dates of service) WW 2 | 16. SOCIAL SECURITY NO. 216-14-7385 | 17. INFORMANT Mrs Hazel M. Quasney - 2912 Willoughby Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon monoxide Poisoning | Immediate

972 Antecedent cause(s)

1630 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home | (CITY OR TOWN) Parkville (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 21 1949 2:30 p.m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? Gas from stove.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:55 p.m., from the causes and on the date stated above.

Dead on arrival.

SIGNATURE J. M. Carmine M.D. (Degree or title) | ADDRESS Deputy Medical Examiner Balto Co. Dundalk 22 Md | DATE SIGNED 3/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3/25/49 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REG. 3/23/49 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS BALTIMORE - 13, MD.

I

7

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

012448

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
MARYLAND
LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 400 Virginia Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Henry	Quickley	3	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	colored	married	May 14 1894	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Long Green, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Drakton Quickley	Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Helen Quickley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Status Epilepticus	3 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Epilepsy	unk. (Years)
	(c)	

353.2
85

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 28, 19..., to March 3, 19 49, that I last saw the deceased alive on Mar 3, 19 49, and that death occurred at 12:30 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kent Green	M.D.	Towson Md	3/5/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-7-49	Long Green AME	Long Green Balto Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-5-49.	W. Carroll Van Horn Deputy Local	J. Scott Brooks,	Sparks, Md.

VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02449

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10yrs-5mos.5das
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) - (Last) Rezac
4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1949

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 11-15-1872
9. AGE last birthday: 76 yrs. If under 1 year: Months 4 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the tongue — indefinite

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardiovascular disease — "

(c) Arteriosclerosis, generalized — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-20-49
19b. MAJOR FINDINGS OF OPERATION: Radium implantation for carcinoma of tongue
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 19 38, to 3-22, 19 49, that I last saw the deceased alive on 3-22-, 19 49, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title)
ADDRESS Catonsville-28, Md.
Isadore Tuerk, M.D., Clinical Director, Spring Grove State Hospital
DATE SIGNED 3-22-49

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE 3-25-49
NAME OF CEMETERY OR CREMATORY WASHINGTON PARK
LOCATION (City, town, or county) SUITLAND (State) MD.

DATE REC'D BY LOCAL REG. 3/23/49
REGISTRAR'S SIGNATURE U.E. Harry

24. FUNERAL DIRECTOR W.W. CHAMBERS CO.
ADDRESS WASHINGTON DC.

VS. A15

RECEIVED
MAR 24 1949
BUREAU V. S.

Dr. Shannon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02450

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Rd R.F.D#6

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carney
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Harford Road R.F.D.#6 Towson

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	CLARENCE	RICHARDS	Mar.	13,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	married	Aug. 19, 1876	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Maryland	

13. FATHER'S NAME: Wm. Richards
14. MOTHER'S MAIDEN NAME: Rebecca Algire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Bessie Richards, Harford Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177 **Immediate cause** (a) Carcinoma Prostate Gland — Interval between onset and death: 2 1/2 yrs.

51b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr. Nephritis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 21, 1946	Carcinoma Prostate Gland.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 10, 1946, to Mar 13, 1949, that I last saw the deceased alive on Mar 12, 1949, and that death occurred at 11:35 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George E. Shannon	M.D.	820 Medical Arts Bldg. Baltimore, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-15-49 m	Hampstead Meth Cem.	Hampstead, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/15/49	A. W. Hedrick	Leonard J. Ruck,	5305 Harford Road.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02451

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annadie
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 320 Dunkirk Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Annadie
STREET ADDRESS (If rural, give location) 320 Dunkirk Road

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) V. (Last) Rozier

4. DATE OF DEATH: (Month) (Day) (Year) March 28, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 27, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nelson Rozier

14. MOTHER'S MAIDEN NAME: Mary R. Halbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Elsie L. Heaps, 921 E. Chase St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

170 Immediate cause (a) Carcinomatosis due to — ?

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma breast left — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma breast with axillary metastases

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Mar 28, 1949, that I last saw the deceased alive on Mar 28, 1949, and that death occurred at 11:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederick J. Vollmer M.D. 6100 York Road Balto. 12 Md. Mar 29 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3/30/49

NAME OF CEMETERY OR CREMATORY: Oak Lawn

LOCATION (City, town, or county) (State): Baltimore County, Md.

DATE REC'D BY LOCAL REG. 3/30/49

REGISTRAR'S SIGNATURE: Chas. Hedrick Dm

24. FUNERAL DIRECTOR ADDRESS: William Cook, Inc., 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02452

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 68 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets Adm. Hosp. Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1111 Hanover St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) R. (Last) ROWLAND

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. [redacted], [redacted], [redacted], DIVORCED, (Specify) [redacted]

8. DATE OF BIRTH: 9-28-81

9. AGE last birthday: 67 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Electrician

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Rowland

14. MOTHER'S MAIDEN NAME: Catherine Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Clin. Rec. Vets Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease: ~~duration~~ 7 months plus. — 7 months plus

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11, 1949, to 3-20, 1949, that I last saw the deceased alive on 3-20, 1949, and that death occurred at 2:20 A m., from the causes and on the date stated above.

SIGNATURE, (Degree or title): V. F. SCIULLO, M.D.

ADDRESS: VA Hospital Fort Howard, Md.

DATE SIGNED: 3-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3-23-1949

NAME OF CEMETERY OR CREMATORY: National

LOCATION (City, town, or county): Balto. Md.

(State)

DATE REC'D BY LOCAL REG. 3/21/49

REGISTRAR'S SIGNATURE: G. W. [illegible]

24. FUNERAL DIRECTOR: Flynn & Fleming

ADDRESS: 1426 Light St.

02453

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 108 W. Elm Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 108 W. Elm Ave

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) V. (Last) Rummelman
4. DATE OF DEATH (Month) March (Day) 10 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 23 1873
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John H Rummelman
14. MOTHER'S MAIDEN NAME: Amelia Drager
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: M. Ellen Dwyer 108 W. Elm Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rheumatic Cardiovascular Disease — 50 yr.

415

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 1946, to Mar 10, 1949, that I last saw the deceased alive on Mar 10, 1949, and that death occurred at 8:48 p.m., from the causes and on the date stated above.

SIGNATURE: Adam Gluvis (Degree or title) M.D. — ADDRESS: 6232 Belair Rd, Balto 6, Md — DATE SIGNED: Mar 11, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 12-49 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — LOCATION (City, town, or county) (State): Taylor Ave Balto. Md

DATE REC'D BY LOCAL REG.: 2/11/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Dippel Bros. — ADDRESS: 7110 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02454

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson | LENGTH OF STAY (in this place) 5 mos. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson Sanatorium Mt. Wilson, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 166 Thomas Street.

3. NAME OF DECEASED (Type or Print): (First) Teresa (Middle) A. (Last) Rummer

4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1949 5:00 A.M.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11/20/15

9. AGE last birthday: 33 yrs. | If under 1 year: Months. 4 | Days 5 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Counihan

14. MOTHER'S MAIDEN NAME: Mary T. Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 215-20-6342

17. INFORMANT: Mrs. Teresa A. Rummer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculous Empyema	6 wks.
	(c)	

002 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/29/49

19b. MAJOR FINDINGS OF OPERATION: Pneumonolysis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 1948, to 3/25/, 1949, that I last saw the deceased alive on Mar. 25, 1949 and that death occurred at 5:00 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Stewart S Shaffer M.D. Supt. | Mt. Wilson, Md. | 3/25/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

3/28/49 | St. Patrick's Cemetery | Cumberland, Md.

DATE REC'D BY LOCAL REG. 3/25/49 | REGISTRAR'S SIGNATURE Helen R. Mayer

24. FUNERAL DIRECTOR | ADDRESS

Frank H. Newell, Mt. Wilson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

Evidence to change order 7 & 18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02455

FILM No. G 120 MAY 5 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 44

The Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 22 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS No. 326A. Rosebank Rd. Dundalk, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Margon (Middle) (Last) Russell
4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1949.

5. SEX: Fem.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.
8. DATE OF BIRTH: Aug. 6 - 1883
9. AGE last birthday: 65 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto. Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Christopher
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph Russell.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) Carcinoma of Stomach.

46 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Hyp~~ Arteriosclerosis. (c) (a) Malnutrition.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. M. Carmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 3/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/30/49 | NAME OF CEMETERY OR CREMATORY: Ebenezer | LOCATION (City, town, or county) (State): Bird River Rd. Md.

DATE REC'D BY LOCAL REG.: 3/29/49 | REGISTRAR'S SIGNATURE: John D Connelly. | 24. FUNERAL DIRECTOR: John D Connelly. | ADDRESS: Essex, Md.

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02456

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) Paradise ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) a (Last) Russell

4. DATE OF DEATH: (Month) Mar. (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 10/27/1860

9. AGE last birthday: 88 yrs. If under 1 year: Months 3 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Russell

14. MOTHER'S MAIDEN NAME: Martha Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ~

17. INFORMANT: John Myers, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	72 hrs.
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	Unknown
83a	(c) Hemiplegia, left	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 March, 1949, to 25 March, 1949, that I last saw the deceased alive on 25 March, 1949, and that death occurred at 7.45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen Lee Haynes	M.D.	Catonsville 28 Md	3-26-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 28/49	Angel Hill Cem	Havre de Grace	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-28-49	A. L. Lewis M.D.	Pennington & Son	Havre de Grace Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH BC 02457

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 yrs. 2 mos. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5100 Eugene Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) (Last) Sapp

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 23, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months 4 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William F. Womack

14. MOTHER'S MAIDEN NAME: Georgia Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Coronary occlusion — 24 hrs.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardiovascular disease — Indefinite

(c) Arteriosclerotic heart disease — Indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 13, 1944, to Mar. 24, 1949, that I last saw the deceased alive on March 24, 1949, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Twerk, M.D. (Degree or title) ADDRESS Spring Grove State Hospital DATE SIGNED 3/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 3/26/49 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/26/49 — REGISTRAR'S SIGNATURE R. W. Goodrich

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

Dr. Chas. F. O'Donnell 7301 York Rd Towson 3161 02458

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (In this place):
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS: 9 Greenridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Balto — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 9 Greenridge Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Anna Margaret Scheldt

4. DATE OF DEATH (Month) (Day) (Year): Mar. 3rd 1949

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: May 17th 1861
9. AGE last birthday: 87 yrs. — If under 1 year: Months 9, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Balto, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Ramming
14. MOTHER'S MAIDEN NAME: Margaret Lauterbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Wm H. Schad 9 Greenridge Rd. Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, myocarditis with Myocardial Failure — 2 Weeks

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Healed Fracture of Left Hip — 6 Months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ (Specify) SUICIDE HOMICIDE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) (COUNTY) (STATE): Towson, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 10-7-48 9.15 PM — INJURY OCCURRED While at Work ☐ Not While At work ☑ — HOW DID INJURY OCCUR? Fell down stairs

22. I hereby certify that I attended the deceased from Sept., 1948 to Mar., 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 4 P.M., from the causes and on the date stated above. 3-9-49

SIGNATURE (Degree or title): Charles F O'Donnell M D — ADDRESS: 7301 York Rd. (4) Balto, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/5/49 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 3/4/49 — REGISTRAR'S SIGNATURE: A.W. Hedrich — 24. FUNERAL DIRECTOR: Wm Cook Inc. 1217 St. Paul St. — ADDRESS: Balto. 2 Md.

Ck Bollin C Hudson MD; DME. Towson Md 3/4/49.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02459

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:
136 Winters Lane

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 136 Winters Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Katie Scott

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 15, 1863

8. AGE: Years	Months	Days	If less than one day
85			..... hrs. ..... min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Henry Smith
13. Birthplace: Va.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Va.

16. Informant: Mr. Frank Scott
Address: 166 Winters Lane.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-23-49 (month) (day) (year)

Cemetery or crematory: Western Star Cem

Location: Catonsville, Md.

18. Funeral director: Mrs. Frances A. Hemsley
Address: 578 W. Biddle St.

19. 3/23 19 49 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH: March 19, 1949 at 4:10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 16, 1949 to Mar 19 1949 and that I last saw her alive on Mar 18 1949

Immediate cause of death	DURATION
Cardio Valvular Disease	
Due to	
Due to 421.4 / 92a /	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Thos. Woolridge M. D. or other

Address: Elkridge Md Date signed 3/22-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

02460

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea | LENGTH OF STAY (in this place) 3½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Walnut Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ris ne
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print): (First) Tressie (Middle) Elizabeth (Last) Seal
4. DATE OF DEATH: (Month) Mar (Day) 8 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Oct. 31 1861	87 yrs.	4	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework.	Home	Chesapeake City Md.	

13. FATHER'S NAME: John Jarrett
14. MOTHER'S MAIDEN NAME: Sarah Young.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT: Sadie Edith Jones.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal gastroenteritis.	1 month.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility.	10 yrs.
	(c) Arteriosclerosis.	10 yrs

450.0
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none.		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 28, 1949, to Mar 8, 1949, that I last saw the deceased alive on Mar 5, 1949, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tollin. M.D. 6908 North Point Rd Balto-19. 14

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MARCH 11-49	LOUDON PARK CEM	FREDERICK RD MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-10-49	[illegible]	Doppel Bros 7180 BELAIR RD

MARYLAND STATE DEPARTMENT OF HEALTH

02461

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesaco Pk. | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 513 Patapsco Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesaco Park
STREET ADDRESS (If rural give location): 513 Patapsco Avenue

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Wa rner (Last) Sears

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 1949

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 8, 1878 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months 11 Days 23 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Comissory Stewa rd | 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Sears

14. MOTHER'S MAIDEN NAME: Mary Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Joseph Leonard Sears

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Sudden

Antecedent cause(s)

260 61. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-Sclerotic Cardio-Vascular Renal disease — 2 yrs

(c) Diabetes Mellitus — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1948, to March 1, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): G. M. Baumgardner | ADDRESS: Balto 6 Md. | DATE SIGNED: 3-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3-4-49 | NAME OF CEMETERY OR CREMATORY: Pa rkwood Cemetery | LOCATION (City, town, or county) (State): Pa rkville, Md.

DATE REC'D BY LOCAL REG. 3-3-49 | REGISTRAR'S SIGNATURE: A. W. Hedrick MD

24. FUNERAL DIRECTOR: Wm. Cook Inc., 1217 St. Paul St. | ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

02462

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton; LENGTH OF STAY (in this place) 33 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton; STREET ADDRESS (If rural give location) 4 mi N.E. of Parkton.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Virginia (Last) Shaeffer

4. DATE OF DEATH: (Month) March (Day) 9, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 16, 1898

9. AGE last birthday: 50 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Wyatt

14. MOTHER'S MAIDEN NAME: Hattie M. Jeter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT: Harold E. Shaeffer, Monkton, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shotgun wounds of head and chest.

981 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

166 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Farm (CITY OR TOWN) Carleton (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) 3 (Day) 9 (Year) 49 (Hour) 12:55 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Was shot by husband

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. M. France M.D. Carleton Md 3/10/49

23. BURIAL, CREMATION REMOVAL, (Specify) Burial

DATE THEREOF March 12 1949

NAME OF CEMETERY OR CREMATORY West Liberty

LOCATION (City, town, or county) (State) White Hall, Md. R.D.

DATE REC'D BY LOCAL REG. 3/11/49

REGISTRAR'S SIGNATURE Chester L. Fuller

24. FUNERAL DIRECTOR Jacob Harlenstein

ADDRESS New Freedom, Pa.

RECEIVED
MAR 18 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 119 MAR 24 1949

CERTIFICATE OF DEATH

02463

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton; LENGTH OF STAY (In this place) 35 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton.; STREET ADDRESS (If rural give location) 4 mi. NE of Parkton.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas. (Last) Shaeffer.

4. DATE OF DEATH: (Month) March (Day) 9, (Year) 1949.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Febr. 6, 1892

9. AGE last birthday: 57 5 6 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): White Hall, Md. R.D.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: J. Albert Shaeffer.

14. MOTHER'S MAIDEN NAME: Mae Holloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Harold E. Shaeffer, Monkton, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shot gun wound of Chest

976 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164c (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm (CITY OR TOWN): Parkton (COUNTY): Balto. (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 9 1949 12 55 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12.55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. M. France M.D. ADDRESS: Parkton Md. DATE SIGNED: 3/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: March 12, 1949

NAME OF CEMETERY OR CREMATORY: West Liberty

LOCATION (City, town, or county) (State): White Hall, Md. R.D.

DATE REC'D BY LOCAL REG. 3/10/49

REGISTRAR'S SIGNATURE: ?

24. FUNERAL DIRECTOR: J. Jacob Hartenstein

ADDRESS: New Freedom, Pa.

RECEIVED
MAR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02464

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co — Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
STREET ADDRESS (If rural, give location) 7608 Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Edward (Last) Simmons
4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 2-15-1924
9. AGE last birthday: 25 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Bldg.
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Carol Simmons
14. MOTHER'S MAIDEN NAME: Marie Youngyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-16-8497
17. INFORMANT: Carol Simmons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Lungs — 8 months

Antecedent cause(s) 199.1 552
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of leg.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947
19b. MAJOR FINDINGS OF OPERATION: Neuro-Fibroma of leg.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946 to March 8 1949 that I last saw the deceased alive on March 6, 1949, and that death occurred at 9 a. m., from the causes and on the date stated above.

SIGNATURE: M. A. Jacobs — (Degree or title): MD — ADDRESS: 617 North Point Road — DATE SIGNED: March 9-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-11-49 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Balto Co

DATE REC'D BY LOCAL REG. 3/9/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: James J. Bruzgemike — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02465

Reg. Dist. No. 47

1. PLACE OF DEATH: Balto. Co.

County: Bengies Road

City or town: Middle River (20)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Middle River 20
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Bengies Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Rev. William T. Simpson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Esther

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 20, 1879

8. AGE: Years 70 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Va.
(Town, county, and state)

10. Usual occupation: Farmer (clergyman)

11. Industry or business

FATHER
12. Name: Isaac Simpkins
13. Birthplace: Va.

MOTHER
14. Maiden name: Sudie ?
15. Birthplace: Va.

16. Informant: Esther Simpkins
Address: Bengies Road Middle River

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: March 16/49 (month) (day) (year)

Cemetery or crematory: Mt. Calvary Cemetery

Location: A.A. County Md.

18. Funeral director: Mrs. Robt. A. Elliott & Daughter

Address: 1129 N. Caroline St.

19. 3/16 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13 1949, at 5 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-30-48 19..., to 3-12 1949 and that I last saw h. 1 M alive on 3-12 1949

Immediate cause of death	DURATION
Cerebral Hemorrhage	24 hrs
Due to Hypertension	5 years
Due to ?	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Maxwell H. Mund M. D. ~~or other~~

Address: 417½ Eastern Ave. Date signed: 3-14-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02466

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. Glen Arm MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Manor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY GlenArm; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) Manor Road

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) LOUISE (Last) SMITH

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 15, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Long Green, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Conrad Breidenbaugh

14. MOTHER'S MAIDEN NAME: Katherine Prigel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Marie A. Smith, Manor Road, Glen Arm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval between onset and death: 3 Months

420.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular Disease with Coronary sclerosis. — 10 Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19, 1949, to 3/30, 1949, that I last saw the deceased alive on 3/30, 1949, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson Fork Md. 4/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 4-4-49 — NAME OF CEMETERY OR CREMATORY St. John's — LOCATION (City, town, or county) (State) Long Green, Md.

DATE REC'D BY LOCAL REG. 4/2/49 — REGISTRAR'S SIGNATURE G W. Bacon

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02467

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex 21
STREET ADDRESS (If rural give location): 46 Evergreen Park

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) D. (Last) SMITH

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-6-95

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Smith

14. MOTHER'S MAIDEN NAME: Amanda Spicer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331
88a

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval Between Onset and Death: 15 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HISTORY OF HYPERTENSION — 8 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24 1949, to March 24, 1949, that I last saw the deceased alive on March 24, 1949, and that death occurred at 1:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C.MANAUGH,M.D., CHIEF,PROF. SERV. VAH, FT. HOWARD, MD. 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/28/49

NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery

LOCATION (City, town, or county) (State): Eastern Ave., Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/28/49

REGISTRAR'S SIGNATURE: H.W. Hedrick DM

24. FUNERAL DIRECTOR ADDRESS: Howard Blight 6009 Harford Rd. Balto.,Md.

Howard H. Blight L. 6009 Harford Rd. Balto-Md

02468

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Beach Drive, Inverness

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 7 Beach Drive, Inverness

3. NAME OF DECEASED (Type or Print) (First) James (Middle) G. Snyder (Last)
4. DATE OF DEATH (Month) March (Day) 1 (Year) 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH June 7, 1894
9. AGE last birthday 54 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY A.&P. Tea Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James T. Snyder
14. MOTHER'S MAIDEN NAME Louise Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Virginia Couture

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma left lung. — INTERVAL BETWEEN ONSET AND DEATH: 1 year

163 Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Mar 1, 1949, that I last saw the deceased alive on Mar 1, 1949, and that death occurred at 7.05A m., from the causes and on the date stated above.

SIGNATURE David H. Andrew (Degree or title) M.D. ADDRESS 2 Kinship Rd Dundalk 22 Md DATE SIGNED 3/2/49.

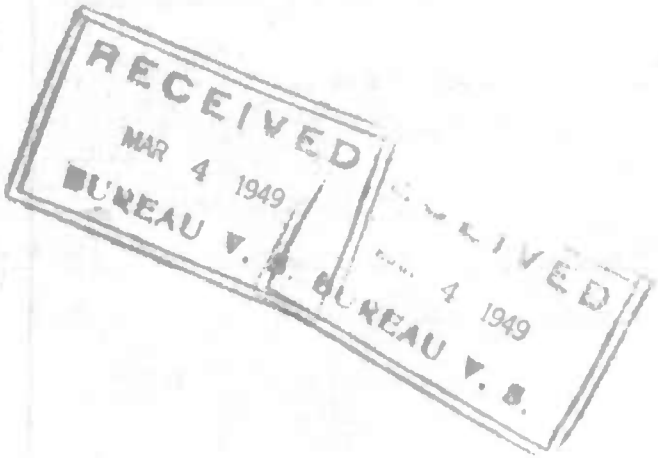
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 4, 1949
NAME OF CEMETERY OR CREMATORY Greenfield Cemetery
LOCATION (City, town, or county) Hempstead, Long Island, (State) N. Y.

DATE REC'D BY LOCAL REG. March 2-1949
REGISTRAR'S SIGNATURE W. M. Kelly Jr.
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02469

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Po; LENGTH OF STAY (in this place) 11 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; STREET ADDRESS (If rural, give location) Hillandale Farms

3. NAME OF DECEASED (Type or Print): (First) Anna K. (Middle) (Last) Spann

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1864 Jan 26

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Sause

14. MOTHER'S MAIDEN NAME: Elizabeth Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Charles L. Spann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

002 Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Terminal Hemorrhage

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to March 19, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 5:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter A Barger ADDRESS 1101 St Paul St DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE March 23 | NAME OF CEMETERY OR CREMATORY Parkwood Cem | LOCATION (City, town, or county) Rural (State)

DATE REC'D BY LOCAL REG. 3/23/49 | REGISTRAR'S SIGNATURE A. W. Hodnett | 24. FUNERAL DIRECTOR Ulrich Funeral Home ADDRESS

VS. A15

1854

55

1949

Stallings.
02470

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3626 Lochearn Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
STREET ADDRESS (If rural, give location) 3626 Lochearn Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAMUEL	F.	STALLINGS	Mar.	27	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	married	Jan. 18, 1889	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insulation Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Standard Insul.Co
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin F. Stallings
14. MOTHER'S MAIDEN NAME: Fannie V. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-01-8315
17. INFORMANT: Mr. Samuel F. Stallings, Jr. Lutherville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Myocardial infarction — 16 mos
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2nd, 1948, to March 26, 1949, that I last saw the deceased alive on March 25, 1949, and that death occurred at 11 15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter E. Thumpler	M.D.	817 Med. and Arts Bldg	Mar 27 '49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/29/49	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG. 3/28/49 — REGISTRAR'S SIGNATURE H. W. Redmond

24. FUNERAL DIRECTOR: WILLIAM J. TICKNER & SONS — ADDRESS: Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02471 4

Reg. Dist. No. .....

1. PLACE OF DEATH:

County Baltimore

City or town Dundalk 22
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs. 3 mos

Hospital, institution, or street address where death occurred:
626 New Pittsburgh Ave

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Dundalk, 22
(If outside city or town limits, write RURAL and give nearest town)

Street No. 626 New Pittsburgh Ave
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME
CORA ALICE STINSON

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	N	married

6.(b) Name of husband or wife Lewis J. Stinson

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) ? about 1880

8. AGE:

Years	Months	Days	If less than one day
69	?	?	? hrs. ? min.

9. Birthplace Wadesboro, N. C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dan Pratt
13. Birthplace Wadesboro, N. C.

MOTHER
14. Maiden name ?
15. Birthplace ?

16. Informant Lewis J. Stinson

Address 626 New Pittsburgh Ave

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof March 17/49
(month) (day) (year)

Cemetery or crematory Mt Calvary Cem

Location A. A. County Md

18. Funeral director Mrs Robt A. Elliott & Daughter

Address 1129 N. Caroline

19. 3/16 19 49 H. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1949, at 8 05 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 7, 1949, to March 14, 1949

and that I last saw her alive on March 14, 1949

Immediate cause of death	DURATION
Respiratory Failure	
252.0	
63.6	
Due to Hypertensive Heart Disease	5 yrs
Due to Thyrotoxicosis	6 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE William C. Wade, M. D.
M. D. or other

Address 140 Oak Ave Date signed 3-14-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02472

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 D STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
STREET ADDRESS (If rural, give location) 308 D STREET

3. NAME OF DECEASED (Type or Print) (First) EDMUND (Middle) S (Last) SUHRE

4. DATE OF DEATH (Month) MARCH (Day) 3 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH NOV. 16, 1886
9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COVER OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY BETH. STEEL CO.
11. BIRTHPLACE (State or foreign country) BALTO. CO., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOHN SUHRE
14. MOTHER'S MAIDEN NAME SOPHIA DEURLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MRS. NELLIE M. SUHRE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	3 mos.
151 Antecedent cause(s)		
46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Stomach.	1 year?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29 1949, to March 3 1949, that I last saw the deceased alive on March 2, 1949, and that death occurred at 10 30 P m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS 520 D St. Sp Pt 19 DATE SIGNED 3.4.49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE MARCH 7, 1949
NAME OF CEMETERY OR CREMATORY SACRED HEART
LOCATION (City, town, or county) BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REG. March 6-49
REGISTRAR'S SIGNATURE Dawson L. Farber
24. FUNERAL DIRECTOR Roland L. Fisher ADDRESS Dundalk 22 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1949
BUREAU V. S.

02473

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 4 mos. 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) 1927 St. Paul Street

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) B.	(Last) THOMAS	4. DATE OF DEATH	(Month) March	(Day) 23	(Year) 1949
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH April 1, 1866	9. AGE last birthday 82 yrs.	If under 1 year Months 11	Days 22	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME William W. Thomas	14. MOTHER'S MAIDEN NAME Margaret A. Baker						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
443 Immediate cause	(a) Right lower lobar pneumonia	2 days
108 Antecedent cause(s)	(b) Hypertensive cardiovascular disease	indefinite
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis, generalized	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic valvular heart disease	"

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1948, to Mar. 23, 1949, that I last saw the deceased alive on Mar. 23, 1949, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Isadore Tuerk, M.D.		Catonsville 28, Md.	3/23/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial	DATE 3/26/49	NAME OF CEMETERY OR ~~CREMATORY~~ Balto.	LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REG. 3/24/49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(191)

Evidence for addition of #21 is on:

FILM No. G-121 JUL 15 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02474

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 40 Phila Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Castle
STREET ADDRESS 427 Delaware Str. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) H. (Last) TOBIN
4. DATE OF DEATH (Month) MAR. (Day) 17 - (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 11-1917
9. AGE last birthday 32 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (State or foreign country) New Castle, Delaware
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George T. Tobin
14. MOTHER'S MAIDEN NAME Marian Hushebeck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) #2
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Geo. T. Tobin (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Compound (Crushed) Skull

Antecedent cause(s) Crushed chest both sides.

170 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractic upper rt femur

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt. 40 (CITY OR TOWN) Phila. Rd. (COUNTY) N. White Marsh (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 3/17/49 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Driving auto, hit rear of truck. (7/15/49 gms)

22. I hereby certify that I attended the deceased from Mar 17, 49, to ....., 19....., that I last saw the deceased alive on Dead on arrival, 19....., and that death occurred at 3:51 p.m., from the causes and on the date stated above.

SIGNATURE H M Carmine MD (Degree or title) ADDRESS Deputy Medical Examiner Balto Co Dundalk Md DATE SIGNED 3/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 3-20-49
NAME OF CEMETERY OR CREMATORY Glebe Cemetery
LOCATION (City, town, or county) New Castle, (State) Del.
DATE REC'D BY LOCAL REG. 3-17-49
REGISTRAR'S SIGNATURE John G. Connelly
24. FUNERAL DIRECTOR Chandler H. Gebhart. ADDRESS New Castle, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 402 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 402 Overbrook Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edgar (Last) Trusheim

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1949.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 5, 1902

9. AGE last birthday: 46 yrs. — If under 1 year: Months. — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Ideal Elec. Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Trusheim

14. MOTHER'S MAIDEN NAME: Anna Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Marion E. Trusheim 402 Overbrook Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 1 Day

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Thrombosis — 1 Day

(c) Coronary Arteriosclerosis — 1 wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1949, to 3-18, 1949, that I last saw the deceased alive on 3-18, 1949 and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: James G. Howree (Degree or title)

ADDRESS: Catonsville

DATE SIGNED: 3/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3/21/49

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 3/21/49

REGISTRAR'S SIGNATURE: R. W. Helmes

24. FUNERAL DIRECTOR: G. Howard Strong

ADDRESS: 3207 W. North Ave.,

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02476

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Haarlem Lodge Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~CATONSVILLE~~ BALTIMORE
STREET ADDRESS (If rural give location): 4059 - GILMORE AVE

3. NAME OF DECEASED (Type or Print) (First): FLORENTINE (Middle): (Last): ULTMAN

4. DATE OF DEATH (Month): 3 (Day): 9 (Year): 1949

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5/14/66
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): AUSTRIA
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: DAVID LIEBERTS
14. MOTHER'S MAIDEN NAME: KAROLINE WALLERSTEIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIAC FAILURE	2 hrs.
450.0 Antecedent cause(s)	(b) GENERALISED ARTERIOSCLEROSIS	YEARS
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) INANITION	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SENESCENSE

~~19a. DATE OF OPERATION~~
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20, 1949, to 2/9/49, 19....., that I last saw the deceased alive on 3/8, 1949, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. Williamson II (Degree or title) M.D. — ADDRESS: 3325 Frederick Ave, Balto (29) — DATE SIGNED: 3/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: MARCH 9 — NAME OF CEMETERY OR CREMATORY: WASHINGTON DC — LOCATION (City, town, or county): WASHINGTON (State): DC

DATE REC'D BY LOCAL REG.: 3/9/49 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: B Danzansky & Son — ADDRESS: 3501-14th St N.W. Wash. DC

RECEIVED
MAR 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

012477

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) since 4,19,48
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abels Post office
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W. (Last) VaWert
4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 3-16-1859
9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. VanWert
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C. V. R. disease — indef.

442 Antecedent cause(s)

53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C. V.R. disease — indef.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-4-1948
19b. MAJOR FINDINGS OF OPERATION: Basal Cell Carcinoma of right cheek
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19 1948, to March 19 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 12:20 P.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) M. D. ADDRESS Spring Grove Hospital, Catonsville DATE SIGNED March 19, 1949.

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE 3/22/49 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Bushwood, Md.

DATE REC'D BY LOCAL REG. 3/21/49 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: W. C. Mattingley Sons — ADDRESS Leonardtown, Md.

RECEIVED
MAR 22 1949
BUREAU V. B.

Dr. S. Lloyd Johnson 610 Frank Ave Catonsville 02478

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR ADDITION OF DATE OF DEATH IS ON: FILM # 9119-4-7-49 A.

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5945 Sunset Ave	STREET ADDRESS (If rural, give location) 5945 Sunset Ave

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Anna	(Last) Dice	4. DATE OF DEATH	(Month) March	(Day) 31,	(Year) 1949		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb 20 1857	9. AGE last birthday 92 yrs.	If under 1 year Months.	Days 11	If under 24 hrs. Hours	Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME (Unknown) Powell		14. MOTHER'S MAIDEN NAME (Unknown) Norvell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Lawrence Becraft 623 Harlem Lane Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Degeneration	½ year
422.2 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —			20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —	(CITY OR TOWN) —	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ~~Feb 15~~ 19 49, to March 31, 19 49, that I last saw the deceased alive on Feb 15, 19 49, and that death occurred at 7:50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Lloyd Johnson	M.D.	Catonsville Md	3/31/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/31/49	Mt. Moria	White Hall Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/1/49	V.E. Harry	Wm Cook Inc.	1217 St. Paul st

VS. A15

F/D M.C. Hill
Charlottesville View

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(2479)

Reg. Diat. No. 41

1. PLACE OF DEATH:
County Baltimore
City or town Dundalk
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County BALTIMORE
City or town Dundalk
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6749 Holabird Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME: TERESA VITEK

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or ~~wife~~ Ignatius Vitek
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) December 23, 1880

8. AGE: Years	Months	Days	If less than one day
68			..... hrs. ..... min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name Frank Kalus
13. Birthplace Czechoslovakia

MOTHER
14. Maiden name unknown
15. Birthplace Czechoslovakia

16. Informant Ignatius Vitek - husband
Address 6749 Holabird Avenue #22

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/26/49 (month) (day) (year)
Cemetery or ~~crematory~~ Holy Redeemer
Location 4430 Belair Rd., Baltimore, Md.

18. Funeral director Schimunek Funeral Home, Inc.
Address 2601-3-5 E. Madison St., Baltimore, Md.

19. 3/26/49 (Date rec'd by registrar) A.W. Hedrich E.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 - 1949, at 3 4 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August - 1946 to March 22 1949
and that I last saw him alive on March 22 - 1949

Immediate cause of death	DURATION
Coronary thrombosis.	one yr.
Due to.	
Due to.	
Other conditions	

(Include pregnancy within 3 months of death)

420
940

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Allen C. Beetham, M.D. M. D. or other
Address 3139 E. Baltimore St Date signed 3-23-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02480

Reg. Dist. No. 4 Y

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 79 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 833 E. 33rd. Street

3. NAME OF DECEASED (Type or Print): (First) ANDREW F. (Middle) VON RINTELN (Last)

4. DATE OF DEATH: (Month) March (Day) 22, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-29-86

9. AGE last birthday: 62 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Apartment House Manager

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore Von Rinteln

14. MOTHER'S MAIDEN NAME: Teresa Ohle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec. Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion with infarction of left ventricle

Due to: Arteriosclerosis - Duration 3 days

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis - Duration 10 Yrs.
Arteriosclerotic nephritis - duration Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-, 1949, to 3-22-, 1949, that I last saw the deceased alive on 3-22-, 1949, and that death occurred at 2:55 P.m., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M.D. (Degree or title) — ADDRESS: Chief Pro. Services VAH, Ft.Howard, Md. — DATE SIGNED: 3-23-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3-26-49 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 3/24/49 | REGISTRAR'S SIGNATURE: Leo Hadrick

24. FUNERAL DIRECTOR: John A. Moran — ADDRESS: Balto., M.d

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02481

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VAH, Fort Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 727 George Street

3. NAME OF DECEASED (Type or Print): (First) WILBUR (Middle) H (Last) WARD

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-23-95

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Hotel Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ward

14. MOTHER'S MAIDEN NAME: Minnie Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Taberculosis — unknown

002 13A

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25, 1949, to 3-4, 1949, that I last saw the deceased alive on 3-4-, 1949, and that death occurred at 10:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM H. HEATH, M.D. — ADDRESS: VAH FT. HOWARD, MD. — DATE SIGNED: 3-5-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-9-49 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 3-7-49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Adolphus Halstead 918 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02482

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) 2128 St. Paul Strip

3. NAME OF DECEASED (Type or Print) (First) Watson (Middle) Robert (Last) (Robt Watson)

4. DATE OF DEATH (Month) 3 (Day) 28 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Apr. 21-1865 | 9. AGE last birthday 83-11-7 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Law | 11. BIRTHPLACE (State or foreign country) Fredrickton-New Brunswick-Canada | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Watson Jr. | 14. MOTHER'S MAIDEN NAME Jean Fraser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mr. Robt. C. Watson (Nephew) - 815-15th St., N.W.-Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 day
331 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arterio Sclerosis	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1947, to Mar 28, 1949, that I last saw the deceased alive on Mar 28, 1949, and that death occurred at 1:55 A m., from the causes and on the date stated above.

SIGNATURE James Howell (Degree or title) | ADDRESS Columbus | DATE SIGNED 3/28

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar/31/49 | NAME OF CEMETERY OR CREMATORY Lorraine Park Cem. | LOCATION (City, town, or county) Woodlawn - Balto. Co. - Md. (State)

DATE REC'D BY LOCAL REG. 3/29/49 | REGISTRAR'S SIGNATURE A.W. Hedrick | 24. FUNERAL DIRECTOR Stewart & Mowen Co. - 108 W. North Av. - Balto. - Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change in cause of death

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02483

FDM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea, Md. — LENGTH OF STAY (in this place): 1 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 108 Fuller Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	E.	WATTS	3/	19	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	Oct. 15th, 1871	77 yrs.	5	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		Mrs. Aaron F. Curtis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Bronchopneumonia, bilateral	3 days
420.0 Antecedent cause(s) (b) Arteriosclerotic heart disease	20 yrs.
1860 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II Fracture left femur	uncertain
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (4/26/49 a.s.)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar. 14, 1949, to Mar. 19, 1949, that I last saw the deceased alive on Mar. 19, 1949, and that death occurred at 7:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Adam Curtis, M.D.	6332 Belair Rd., Balto 6, Md.	Mar. 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/23/49	Oak Lawn	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/22/49	A. W. Hedrick	Lassahn Funeral Home	7401 Belair Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02484

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto Co MARYLAND Md

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (In this place) 76 yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS 2120 Old Frederick Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28

STREET ADDRESS (If rural, give location) 2120 Old Frederick Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Annie Katherine Wessling

4. DATE OF DEATH (Month) (Day) (Year) 3 19 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 2/13/1873

9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Henry Wessling

14. MOTHER'S MAIDEN NAME Annie Bubbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Charles F. Wessling - Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Embolism	Sudden
420.1 Antecedent cause(s)			
13 lw Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cardio-Vascular Renal Disease	8 yrs.
	(c)	Tonsillitis	3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12, 1941, to 3-19, 1949, that I last saw the deceased alive on 3-19, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE Oscar E. Urban (Degree or title) M.D. ADDRESS 803 3rd. Ave Catonsville DATE SIGNED 3.19.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3/22/49

NAME OF CEMETERY OR CREMATORY Salem Lutheran Cem.

LOCATION (City, town, or county) (State) Catonsville Md.

DATE REC'D BY LOCAL REG. 3/22/49

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Edw S Mac Nabb. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
MAR 23 1949
BUREAU V. S.

02485

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural: Towson — LENGTH OF STAY (In this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Md.	STREET ADDRESS (If rural, give location): 2016 Maryland ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EJTA PARTRIDGE WHITNEY — 4. DATE OF DEATH (Month) (Day) (Year): 3 – 16 – 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married — 8. DATE OF BIRTH: 4-2-1895 — 9. AGE last birthday: 53 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Baltimore Md — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Fielding Jones — 14. MOTHER'S MAIDEN NAME: Lillian M Partridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis — about

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1949, to 3-16, 1949, that I last saw the deceased alive on 3-16, 1949, and that death occurred at 1:7 a.m., from the causes and on the date stated above.

SIGNATURE: W. C. Bridges (Degree or title) ADDRESS: M.D. Eudowood Sanatorium, Towson 4, Md. DATE SIGNED: 3-16-49

Bollin C. Hudson R.M.E.

23. BURIAL, CREMATION REMOVAL (Specify): removal — DATE: Mar 16/49 — NAME OF CEMETERY OR CREMATORY: Grace Lawn Mem Park — LOCATION (City, town, or county) (State): Wilmington Del.

DATE REC'D BY LOCAL REG.: 3/16/49 — REGISTRAR'S SIGNATURE: G.W. Hedrick — 24. FUNERAL DIRECTOR: Philip Herwig Sons — ADDRESS: Orleans St 2024

Dm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02486

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 853 South Dallas Street

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) (Last) Winkler

4. DATE OF DEATH (Month) March (Day) 5 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 23 1886
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William H. Beaumeister
14. MOTHER'S MAIDEN NAME Anna Gephardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

903.7 Antecedent cause(s)

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c) Fracture of the right femur

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital
(CITY OR TOWN) Catonsville (COUNTY) Baltimore (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 2/9/49 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fall on the floor

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo S McKieffer MD Dep. Med Exam Balto Co 1010 Leeds Ave 3-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-8-49
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-7-49
REGISTRAR'S SIGNATURE A. W. Hednich
24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

02487

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 Yrs.
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS 638 Aldershot Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 638 Aldershot Rd.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) C. (Last) WYNDE

4. DATE OF DEATH (Month) Mar. (Day) 6, (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 13, 1870

9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Wynde

14. MOTHER'S MAIDEN NAME Mary Chamber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Anna Leake 638 Aldershot Rd. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Recurrent hematemesis.	4 mos.
Antecedent cause(s)	(b) Cerebral hemorrhages, recurrent	1 year.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized arteriosclerosis	—

331
830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1947, to Mar 6, 1949, that I last saw the deceased alive on Mar 6, 1949, and that death occurred at 5.00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Francis G. Dickey, M.D.
ADDRESS 715 N. Charles St.
DATE SIGNED Mar. 7, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 9, 1949
NAME OF CEMETERY OR CREMATORY Loudon Pk. Cem.
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 3/8/49
REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER & SONS INC. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02488

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WOODLAWN
LENGTH OF STAY (in this place) 74 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1919 FEATHER BED LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WOODLAWN
STREET ADDRESS (If rural, give location) 1919 FEATHER BED LANE

3. NAME OF DECEASED (Type or Print) (First) MAGDELENA (Middle) LOUISE (Last) ZIEGLER

4. DATE OF DEATH (Month) 3 (Day) 30 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MARCH 19, 1875
9. AGE last birthday 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) WOODLAWN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GEORGE WINFIELD REIBLICH
14. MOTHER'S MAIDEN NAME ELIZABETH SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT MRS. ADOLPH ZIEGLER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	10 days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ANGINA PECTORIS, HYPERTENSION	
	(c) CEREBRAL APOPLEXY	

420.2
94 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE PERFORMED
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/28, 1949, to 3/30, 1949, that I last saw the deceased alive on 3/28, 1949, and that death occurred at 4:15 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edwin G. Pierpont, M.D. ADDRESS 8027 LIBERTY Rd. BALTO. 7, Md. DATE SIGNED 3/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 1, 1949
NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
LOCATION (City, town, or county) Randallstown, Md. (State)

DATE REC'D BY LOCAL REG. 3/30/49
REGISTRAR'S SIGNATURE S.W. Hedrick Dm
24. FUNERAL DIRECTOR Willis Lamoreau ADDRESS 4510 Liberty Hgts Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02489

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm. Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2807 Roselawn Avenue

3. NAME OF DECEASED (Type or Print): (First) LEROY (Middle) A. (Last) ZITTINGER

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-8-97

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Payroll Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Zittinger

14. MOTHER'S MAIDEN NAME: Elizabeth Marzi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Narrowing of Orifices of coronary arteries	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, non-syphilitic of aorta	Unknown
	(c)	

420.1
940

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1949, to 3-19, 1949, that I last saw the deceased alive on 3-19, 1949, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE V.F. Sciullo (Degree or title) M.D. ADDRESS VAH. Fort Howard, Maryland DATE SIGNED 3/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/23/49 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 3/21/49 | REGISTRAR'S SIGNATURE C.W. Hedgecock | 24. FUNERAL DIRECTOR Howard N. Blight Jr. ADDRESS 6009 Harford Road